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ABSTRACT

The Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN) developed a program of continuing education which was implemented by regional committees throughout the state. This summative evaluation, conducted after the first 3 years of the program, includes results from a questionnaire assessing the impact of and participation in the program, and comments regarding its effect on the quality of health care in Indiana. The impact survey was administered to 317 practical and registered nurses licensed to practice in Indiana. Comments regarding the quality of health care were contributed by representatives of each region. Selected responses to both surveys are included. The authors conclude that ISPCEN has provided a good model for continuing nursing education programs and has made a substantial contribution. A task force report outlining available learning laboratory facilities in each state region is appended. (GDC)

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A SUMMATIVE EVALUATION OF THE INDIANA STATEWIDE PLAN FOR CONTINUING EDUCATION IN NURSING

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August, 1977

The Indiana Statewide Plan for
Continuing Education in Nursing
(ISPCEN)
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CHAPTER ONE

Description of the Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN)

Origin and History

The Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN) originated in the early 1970's. Three nurses, including Jean E. Schweer, Professor of Nursing, Director of the Indiana University School of Nursing Continuing Education Program, Indianapolis, Maryanne Roehm, Associate Professor of Nursing, Director of the Continuing Education Program in Nursing at Indiana State University, Terre Haute, and Geraldine Wojtowicz, Director of the Division of Nursing, Indiana State Board of Health, Indianapolis, met to develop a project proposal which was funded by the United States Public Health Service Special Project Grants Division for the period extending from June 1, 1972 to May 31, 1973.

The goal of the project was to develop a structural plan for a statewide system of continuing education in nursing resulting in the coordinated utilization of available resources in planning for needed continuing education activities for nurse participants on a statewide basis, through a regional approach utilizing the fourteen Planning and Development Regions of the State of Indiana established by the Governor in 1968.

Following the planning period, funds were requested and received from the W. K. Kellogg Foundation for a three year implementation phase extending from January 1, 1974 through December 31, 1976.

Goals and Purposes

The goal of the implementation phase of ISPCEN was to establish a structure for coordinating resources, data, and personnel which would provide

quality continuing education for registered and licensed practical nurses in Indiana at the regional level, ultimately leading to the opportunity for nurses in every region of Indiana to maintain competence, meet the changing standards of practice developed by the profession, exercise leadership in effecting changes in health delivery services, and achieve career satisfaction.

Ultimately, the project sought to provide for the establishment of the continuing education mission on an equal plane with all other educational programs in each college and/or university based school of nursing, the integration of the statewide master plan for continuing education into the state master plan for nursing education and the system of higher education in Indiana, and, finally, the establishment of a plan for a permanent record system of each nurse's continuing education effort by each sponsoring agency.

Nine objectives had been defined for the project. These objectives were:

1) To implement an operational organizational structure for statewide continuing education in nursing utilizing the regional planning approach in order to best meet the continuing education needs of Indiana nurses.
2) To identify on a continuum the continuing education needs of nurses in the fourteen regions of Indiana.
3) To encourage sponsors to use the guidelines and standards for continuing education programs developed by ISPCEN.
4) To provide a mechanism for efficient utilization of available resources and facilities for offering continuing education programs on a statewide basis.
5) To develop a five year master plan for offering continuing education programs for nurses on a statewide basis that can be utilized as a component of the Indiana State Nurses' Association Master Plan for Nursing Education.

6) To establish a statewide system for the use and recording of the Continuing Education Unit (CEU) as a uniform unit of measurement for non-credit continuing education programs in nursing.

7) To serve as a clearinghouse for providing each Indiana nurse with a quarterly up-to-date calendar of continuing education events on a regional and statewide basis.

8) To encourage the use of instructional systems technology for selected continuing education in nursing programs.

9) To utilize existing learning laboratories for independent study by nurses, providing continuing education activities in local regions.

Personnel

The ISPCEN Board of Directors provided the ways and means for achieving the purposes of the project. Members of the Board of Directors included the Executive Director of the Indiana State Nurses' Association, a Board Member of the Indiana State Board of Nurses' Registration and Nursing Education, the Director of the Division of Nursing, Indiana State Board of Health, the Continuing Education Representative on the Indiana State Nurses' Association Commission on Education, a Current Officer of the Indiana Federation of Licensed Practical Nurses, a Board Member of the Indiana Citizens League for Nursing, the current Project Director of ISPCEN, the Project Director during the ISPCEN planning grant, an ISPCEN Regional Coordinator, and an ISPCEN Regional Chairperson.

The ISPCEN Coordinating Council was composed of all the ISPCEN Regional Coordinators and ISPCEN Regional Chairpersons. Regional coordinators were paid persons, while regional chairpersons were volunteers who assumed the functions of chairpersons in addition to their regular employment.

Organizational Structure

The fiscal agent for the ISPCEN project was the Indiana University Foundation. Regional centers supported by the grant funds entered into a contractual agreement with the Indiana University Foundation for administration of the necessary funds. At the end of the grant period in December of 1976, the regional centers assumed fiscal responsibility for maintaining continuing education activities in nursing as an integral part of their educational system.

The Indiana State Nurses' Association assumed responsibility for the continued coordination of continuing education in nursing on a statewide basis at the end of the three-year project grant.

The ISPCEN Board of Directors had as its function to provide for the orderly transition of the project to the Indiana State Nurses' Association upon termination of the grant in addition to providing the ways and means for achieving the purposes of the project as mentioned earlier.

The Board of Directors had established several Resource Groups during the implementation period to study selected aspects of continuing education in nursing and make recommendations to the Board regarding the Resource Group's findings.

The Project Director organized and administered the ISPCEN project and chaired the ISPCEN Coordinating Council. The Project Director was responsible to the ISPCEN Board of Directors.

The Coordinating Council had as its primary function to recommend to the Board of Directors operating policies and procedures for the coordination of the Statewide Plan.

Regional centers were composed of a regional coordinator, a secretary, and a regional committee or committees. Implementation of the Statewide Plan required the establishment of ten regional centers within the State of Indiana as follows:

Region I	Indiana University Northwest Gary, Indiana
Region II	Goshen College Goshen, Indiana
Region III	Indiana University-Purdue University at Fort Wayne Fort Wayne, Indiana
Region IV	Purdue University West Lafayette, Indiana
Region V	Indiana University - Kokomo Kokomo, Indiana
Region VI, IX	Ball State University Muncie, Indiana
Region VII, X	Indiana State University Terre Haute, Indiana
Region VIII	Indiana University Indianapolis, Indiana
Region XI, XII, XIV	Indiana University-Purdue University Indianapolis, Columbus Center Columbus, Indiana
Region XIII	University of Evansville Evansville, Indiana

There was a regional chairperson in each of the 14 ISPCEN Regions.

By contractual agreement, the regional coordinators were responsible to their respective university structural units with a major commitment to ISPCEN through its Board of Directors and/or the Project Director.

Regional centers participating in the implementation of the Statewide Plan assumed the functions described in the project's nine objectives listed earlier in this chapter.

The functions of regional coordinators included serving as liaison among the institutions of higher education in which they were employed, the community and the Statewide Plan; continuously identifying needs, resources and facilities in continuing education in nursing; developing and implementing continuing education courses for nurses in assigned specific regions and

coordinating courses between regions, utilizing the CEU concept and the recording of such; participating in local, state, regional and national organizational activities related to continuing education in nursing; and other similar duties.

Regional committees varied in size and composition. Each committee attempted to include adequate representation from minority groups, special interest areas, and geographic distribution by county. Among committee membership were adult educators, inservice education directors, directors of nursing service, educators in schools of nursing, physicians, voluntary health organization personnel, administrators of health facilities, legislative members and others.

Regional committees, in cooperation with the regional coordinator, set priorities for offering courses and recommended action to the regional coordinator, established and implemented the review process for the use of the CEU, interpreted ISPCEN and the and the concept of continuing education to the groups, agencies and organizations regional committee members represented, and provided a forum for discussion of concerns for improving health care.

In those regions where there was not a regional coordinator, the regional committees performed all functions assigned to the regional coordinator insofar as possible, under the direction of the regional chairperson.

CHAPTER TWO

Description of the Evaluation Procedure

The design of the summative evaluation of ISPCEN is delineated in this part of the report. The nature and scope of the evaluation is outlined and the sources of data and techniques for data collection are identified.

Nature and Scope of the Evaluation

Summative evaluation is that evaluative process which occurs at the conclusion of a program or project. The purpose of summative evaluation is to assess the overall effectiveness of a program or project.

The present report publishes data and evaluative judgments concerning the effectiveness of ISPCEN after three years of operations.

In contrast to summative evaluation, a formative evaluation can be conducted at any stage of a project's development. Such an evaluation of ISPCEN was conducted following the first complete year of ISPCEN's operation.

The Evaluators

The evaluators of the project were Belinda Puetz and Marvin Rytting. Puetz was the project director of ISPCEN; Rytting is assistant professor of psychology at Indiana University-Purdue University at Indianapolis, Columbus Center.

As project director, Puetz was "internal" to the processes of ISPCEN; as a consultant who was not a member of the administrative force of ISPCEN, Rytting was "external" to these processes. The rationale for the selection of the evaluators is as stated in the formative evaluation of ISPCEN: a team of evaluators representing both "internal" and "external" perspectives on that which is to be evaluated are likely to combine their insights and inferences in such a way as to strike a needed balance between objectivity and subjectivity.

An evaluator "internal" to the project under evaluation is able to identify variables of the situation that might be overlooked by an external consultant. An internal evaluator is able ordinarily to see finely nuanced phenomena that are missed by someone who is not familiar with the "culture" of the project under evaluation, the "lore system" that underlies the project, and the interpersonal relationships that obtain in the situation.

An "external" evaluator, on the other hand, is able to look at the project under evaluation with a certain degree of detachment and objectivity. The external evaluator may sometimes see something that is missed by the internal evaluator because the internal evaluator has developed a blind spot due to overfamiliarity with the project. The external evaluator may also raise issues and questions not raised by someone who is within the system being evaluated. Through such a relationship between internal and external evaluators, the summative evaluation can result in conclusions which are valid and believable because objectivity has been maintained.

The evaluators considered several questions of paramount importance as they designed the evaluation procedure: 1) to what extent has ISPCEN made an impact on the nurses in the state of Indiana? 2) to what extent has that impact changed since the formative evaluation of ISPCEN? and 3) to what extent has ISPCEN accomplished the tasks identified as recommendations in the formative evaluation?

Impact Survey

It was noted above that one of the primary concerns of the evaluators was 1) the impact of ISPCEN on nurses in Indiana after three years of operations. The assessment of the impact of any institution or project vis-a-vis the public it serves is a difficult task. In the case of ISPCEN it was decided by the formative evaluators that four major criteria should serve as standards of measurement for the assessment of the impact of ISPCEN:

1) a project has impact if people know it exists,

2) a project has impact if people know its nature through a general appraisal of its goals,

3) a project has impact if people know some of the products/effects it has accomplished, and

4) a project has impact if people are aware of being involved, either directly or indirectly, in the project.

These four standards, then, defined what was meant by "impact." A questionnaire was developed with these standards in mind. The questionnaire which was developed by the formative evaluators was used in the summative evaluation to allow for comparison of the results of administration of the questionnaire one year and three years after ISPCEN became operational.

The survey which was developed contained the following questions:

1. Previous to this communication have you been aware of the existence of ISPCEN (Circle One)

   YES NO

2. Previous to this communication have you been aware, at least generally, of the goals of ISPCEN? (Circle One)

   YES NO

3. Which goals of ISPCEN are you aware of?

4. Previous to this communication have you been aware of any of the accomplishments of ISPCEN? (Circle One)

   YES NO

5. Which accomplishments are you aware of?

6. Have you been involved directly or indirectly with the activities of ISPCEN? (Circle One)

   YES NO

7. In what ways have you been involved?

The impact questionnaire had been piloted on a sample of 100 Indiana nurses in the process of conducting the formative evaluation. The pilot study allowed the evaluators to determine if the wording of the questionnaire was clear and understandable and to estimate the percentage of responses that could realistically be anticipated for the sample that was to follow. Because the impact questionnaire to be used was identical to that used in the formative evaluation, conducting another pilot on the questionnaire was deemed unnecessary.

A random sample of 691 Indiana nurses was drawn from the Indiana State Board of Nurses' Registration and Nursing Education's (ISBNRNE) list of registered and licensed practical nurses who hold an active license to practice nursing in the state. Each of the 691 nurses was sent the impact questionnaire and a self-addressed, stamped envelope in which to return the completed questionnaire.

Analysis of documentation was the data collection method used to determine the extent to which ISPCEN had accomplished the tasks identified as recommendations in the formative evaluation.

One additional data collection technique was utilized. The formative evaluation contained the recommendation that ISPCEN attempt to determine whether participants in continuing education offerings were able to translate their learning into their nursing practice. Accordingly, a survey form was developed by the evaluators. The survey was designed to obtain impressionistic information relative to the effect of continuing education on health care.

The ISPCEN Regional Committees were selected as the data source since the members of the regional committee were representative of many of the health care professions. The surveys were distributed through the ISPCEN Regional Coordinators/Chairpersons. The ISPCEN survey form on the impact of

continuing education on health care contained the following questions:

1. In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana? (give specific examples, such as direct changes you have observed, comments you have heard, etc).

2. If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions.

3. What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?

Respondents were asked to indicate whether they were RN's, LPN's or members of another health care profession. Signatures of respondents were optional. The ISPCEN Regional Coordinators/Chairpersons were asked to return the surveys in one package so that the data could be analyzed by region.

Plan for the Analysis of Data

The data collected from ISPCEN records, from the ISPCEN regional committees and from a sample of the actively licensed nurses in Indiana are displayed in the next chapter. Prior to the collection of data the evaluators planned to organize and display the data. The external evaluator would then draw inferences about the overall effectiveness of the ISPCEN project.

The inferential responses or evaluative judgments of the external evaluator appear in Chapter Four of this report.

CHAPTER THREE

Presentation of Evaluative Data

In this chapter, the criteria questions related to the ISPCEN objectives and utilized in the formative evaluation of ISPCEN will be presented. Each criteria question will be restated and followed by the data pertaining to it. The method of collecting data in response to each criteria question was described in Chapter Two, and the results of the data collection will be described in Chapter Four.

Question 1. What is the impact of ISPCEN on active nurses in Indiana?

Criterion question 1 asks to what extent Indiana nurses are aware of the existence, the goals, and the accomplishments of ISPCEN and to what extent they are aware of being directly or indirectly involved with it. An added question for the summative evaluation was if this awareness had increased since the formative evaluation.

The questionnaire that was used in the formative evaluation to assess this question (and which is described in Chapter Two) was administered to a new random sample of Indiana nurses. The sample of 691 was drawn from the Indiana State Board of Nurses' Registration and Nursing Education's (ISBNRNE) list of registered and licensed practical nurses who hold an active license to practice nursing in the state. As is shown in Table 3-1, the response rate was very similar to the earlier survey. A total of 317 questionnaires was returned for a return rate of 46% (compared to a 45% return rate in the formative evaluation). The two surveys, then, are comparable; in both cases the data are significant at the .05 confidence level with a margin of error of 5.5%.

As can be seen in Table 3-2, there was a significant increase in the percentage of nurses who were aware of the existence and the accomplishments of ISPCEN, but no significant increase in the awareness of its goals nor of

RESPONSE RATE OF IMPACT SURVEY

	Formative Evaluation				Summative Evaluation			
	RN's	LPN's	Unknown	Total	RN's	LPN's	Unknown	Total
Total # of questionnaires mailed	522	178		700	516	175		691
Total # of questionnaires returned	220	80	17	317	220	59	38	317
Total undeliverable			19				32	
Return Rate	42%	45%		45%	43%	34%		46%
Return Rate of deliverable				47%				48%

TABLE 3-1

RESPONSES TO IMPACT SURVEY[1]

	Formative Evaluation		Summative Evaluation		x^2	df	p
	Frequency	/ Percentage	Frequency	/ Percentage			
Question 1:							
Yes	132	41.6	204	64.4			
No	184	58.0	112	35.3	32.94	2	.001
N.A.*	1	.3	1	.3			
Question 2:							
Yes	80	25.2	92	29.0			
No	226	71.2	209	65.9	2.43	2	.10
N.A.	11	3.4	16	5.1			
Question 3:							
Yes	78	24.6	90	28.4			
No	239	75.4	227	71.6	1.17	1	.10
Question 4:							
Yes	25	7.8	49	15.5			
No	274	86.4	253	79.8	8.89	2	.025
N.A.	18	5.6	15	4.7			
Question 5:							
Yes	25	7.9	46	14.5			
No	292	92.1	271	85.5	6.99	1	.01
Question 6:							
Yes	37	11.6	54	17.0			
No	269	84.8	251	79.2	3.84	2	.10
N.A.	11	3.4	12	3.8			
Question 7:							
Yes	49	15.5	61	19.2			
No	268	84.5	256	80.0	1.58	1	.10

[1] - see page 9 for questions

* - N.A.=no answer

TABLE 3-2

involvement. The percentage of nurses aware of the existence of ISPCEN increased from 42% to 64%--a substantial improvement from less than half to almost two-thirds. There was only a very modest increase in the percentage of nurses knowing the goals of ISPCEN (from 25% to 29% saying they knew the goals and from 25% to 28% actually listing a goal), but the percentage who were aware of the accomplishments of ISPCEN doubled from 8% to 16% (although only 15% actually listed an accomplishment). Thus the nurses of Indiana seem to be more aware of ISPCEN and what it is accomplishing than they were two years ago, but not really more aware of its purpose.

The response to the question on involvement in ISPCEN activities is more difficult to assess. The increase of "yes, I have been involved" responses from 12% to 17% is not statistically significant in an analysis that includes the "no answer" category. If, however, this "no answer" group is ignored, the difference is almost significant ($X^2=3.80$, df=1, p=.051). Thus, even if this increase is not as impressive as it might be, it is definitely a trend towards increased involvement. The response to question 7 tends to obscure the difference in involvement as it shows an increase only from 16% to 19% in those who commented on their involvement. This does not, however, evaluate the quality of these comments, some of which, when examined, turn out to be complaints, excuses for noninvolvement or requests for information. A list of the written comments to questions 3, 5, and 7 can be found in Appendix A of this report.

Table 3-3 shows the breakdown of the comments on question 7 from the formative and the summative evaluation surveys into four categories of involvement, viz., attending ISPCEN programs, helping to plan programs, knowing someone else who is involved in ISPCEN, and complaints, excuses, or requests for information. The first two categories are two levels of involvement, the last two are types of noninvolvement. In the earlier survey, more than one third (35%) of the comments were actually noninvolvement kinds of statements, while

ANALYSIS OF INVOLVEMENT COMMENTS

Type of ISPCEN Involvement	Formative Evaluation Frequency	Formative Evaluation Percentage	Summative Evaluation Frequency	Summative Evaluation Percentage
Attending programs	35	54.7	32	55.2
Planning programs	7	10.9	17	29.3
Actual involvement	42	65.6	49	84.5
Knowing someone else who is involved	4	6.3	3	5.2
Complaints, excuses, or requests for information	18	28.1	6	10.3
Non-involvement	22	34.4	9	15.5

TABLE 3-3

in the present survey less than half of that percentage (16%) indicated noninvolvement. In addition, the level of involvement has changed. At the time of the formative evaluation, only 11% of the comments referred to being involved in planning ISPCEN programs, while with the current data 29% of these comments referred to planning activities. Thus there are strong indications from this survey that involvement has increased, and more importantly, that the level of involvement has increased.

Verbatim written comments to questions 3, 5, and 7 are displayed in Appendix A of this report.

It is difficult to assess the accuracy of the involvement statistics and particularly risky to try to compare these statistics to documentation of attendance (which is also likely to be inaccurate). With that caveat, however, an examination of attendance figures also provides useful information about the impact of ISPCEN on active nurses in Indiana.

The questionnaire data would suggest that approximately 3400 nurses participated in ISPCEN programs in 1974 compared to 6500 in 1976. This 91% increase in participation reflects a 47% increase in the percentage of nurses involved plus a 31% increase in the number of nurses licensed in the state. Reported attendance figures, which are probably underestimates of actual attendance because of incomplete reporting, indicate that twice that number attended. This suggests that, if the survey is accurate, participating nurses are attending an average of two programs a year. A separate survey conducted by the ISPCEN Project Director suggested that 69% of registered nurses in Indiana have attended some continuing education program during the last five years.

Again taking into account the inaccuracy of the reporting (and the probability that the 1974 figures are the most underestimated), the documentation indicates an increase in attendance at ISPCEN courses of 123%. Although this is probably an exaggerated percentage, there has unquestionably been a large

increase in participation. The bulk of this increase appears to have been between 1974 and 1975 (87%) with a more modest increase between 1975 and 1976 (20%). For more details of the comparison between 1975 and 1976, see Table 3-4 (from the ISPCEN 1976 Annual Report to the W. K. Kellogg Foundation). Some of the large percentage increases reflected on Table 3-4 are due to the varied start-up dates for the ISPCEN Regional Centers. The increase in number of course offerings from 1974 to 1976 was 166% and the increase in contact hours was 145%. Again, the biggest jump was between 1974 and 1975 and some of that increase can be attributed to poor reporting in 1974.

There are two other interesting trends which emerge from the comparison of course offerings between 1975 and 1976. In 1976, the classes tended to be smaller--from an average class size of 33.5 to 27.6--but to involve more contact hours each--from an average of 25.6 contact hours per offering to an average of 29.4. Both trends seem to be desirable.

Question 2. To what extent are the Regional Coordinators of ISPCEN involved in the planning and implementation of continuing education at the regional level?

The aspect of this question most directly answered in the formative evaluation is what percentage of the regional coordinators' time is spent in planning and implementing continuing education programs. The 50-75% estimates given at that time seem applicable now and there has been no attempt to obtain more accurate estimates.

The more important aspect of this question is phrased in the 1976 annual report thusly: "What evidence is there that regional coordinators are implementing continuing education plans in their respective regions?" Table 3-4,

CONTINUING EDUCATION OFFERINGS 1975-1976

	Nurse Population			Educational Offerings				Participants		Per Cent Change		
ISPCEN REGION	NO. OF R.N.'s	NO. OF L.P.N.'s	TOTAL	NUMBER 1975	NUMBER 1976	CONTACT HOURS 1975	CONTACT HOURS 1976	1975	1976	OFFERINGS	CONTACT HOURS	ATTENDANCE
I	3,970	1,266	5,236	42	46	1,476	3,292.5	1,357	1,201	+ 10	+123	- 12
II	2,453	700	3,153	21	33	311	638	1,190	1,160	+ 57	+105	- 3
III	3,483	1,093	4,576	30	51	551	1,068.5	1,868	1,897	+ 70	+ 94	+ 2
IV	1,457	329	1,786	15	38	161	759	503	645	+153	+371	+ 28
V	1,194	360	1,554	10	51	171	987	848	2,735	+410	+477	+223
VI, IX	2,565	1,249	3,814	28	23	402	487.5	523	1,136	- 18	+ 21	+117
VII, X	1,588	962	2,550	16	18	213	532.5	353	610	+ 13	+150	+ 73
VIII	7,065	2,541	9,606	95	112	4,203.5	4,059.5	1,731	2,350	+ 18	- 3	+ 36
XI, XII, XIV	1,755	722	2,477	39	56	616	886	1,306	1,434	+ 44	+ 44	+ 10
XIII	2,579	977	3,556	26	40	154.5	1,026	1,111	733	+ 54	+564	- 34
TOTALS	28,109	10,199	38,308	322	468	8,259	13,736.5	10,790	13,901	+ 45	+ 66	+ 29

TABLE 3-4

taken from the 1976 annual report, indicates that indeed continuing education opportunities are being offered in every region and every region has had an increase in the number of such offerings from 1975 to 1976 (and as was mentioned earlier, the 1975 offerings were greatly increased from the 1974 offerings). In a few regions the increase has been substantial. In all but a few regions, the attendance has also increased; and in those in which attendance has decreased slightly, this has been accompanied by (and probably caused by) a large increase in the number of contact hours, suggesting smaller, but longer, classes.

Question 3. Has special training in adult education processes and procedures been provided for regional coordinators? When? Where? How many regional coordinators have participated?

The formative evaluation listed documentation that of the ten regional coordinators, all but two regional coordinators had participated in seminars on adult education. One of the two regional coordinators participated in the educational activity titled "ABC's of Planning and Implementing Staff Development and Continuing Education Offerings" held on October 4-6 and November 8-10, 1976 at the Indiana University School of Nursing, Indianapolis, Indiana. The other regional coordinator is currently pursuing doctoral study in adult education at Indiana University in Bloomington, Indiana.

Question 4. To what extent have Regional Coordinators been established in higher education institutions and to what extent do higher education institutions serve as regional centers?

The formative evaluation concluded that higher education institutions have participated in the ISPCEN project satisfactorily, and indeed at the end of the grant period all ten ISPCEN Regional Centers were located at institutions of higher education as follows:

Region:	Institution:
I	Indiana University Northwest
II	Goshen College
III	Indiana University-Purdue University at Fort Wayne
IV	Purdue University
V	Indiana University-Kokomo
VI,IX	Ball State University
VII, X	Indiana State University
VIII	Indiana University School of Nursing - Indianapolis
XI, XII, XIV	Indiana University-Purdue University at Indianapolis Columbus Center
XIII	University of Evansville

The question raised in the formative evaluation was whether the commitment of these institutions would remain firm or waver as the grant period ended and the financial support of the program became the responsibility of the institutions. The positions at Purdue University, I.U.-Kokomo, Ball State University, Indiana State University, and I.U.-Indianapolis are regular academic appointments which seem to be quite secure. The position at I.U. Northwest is funded by monies from a Department of Health, Education and Welfare capitation grant. Goshen College expresses commitment to the continuation of the position but is looking for grant money to help fund the position. IUPU-Fort Wayne has employed a coordinator on a part time basis (25 hours weekly). IUPUI-Columbus Center has expressed commitment to continuing education in nursing, but the coordinator position will be reduced to half-time and funding is problematic. The University of Evansville has likewise expressed commitment to continue the program, but has not offered funding details. Thus the majority of the regional coordinator's positions will be continued, but a few of them have solid philosophical commitments but soft financial commitments and may not be continued indefinitely.

Question 5. To what extent have geographical areas of "educational poverty" among nurses been identified? What is being done to organize resources to meet educational needs in these regions?

In the formative evaluation, this question was not favorably received by the regional coordinators and was declared unanswerable in its current form. The concept behind the question, however, is important. Part of the purpose of ISPCEN is to spread continuing education resources evenly across the state. The extent to which this has been accomplished can be seen in Table 3-5, which shows the percentage of nurses licensed in each of the ISPCEN Regions in contrast to the percentage of offerings, contact hours and attendance. Assuming that these three indices of continuing education service should be spread out in the same proportions as the nursing population, Table 3-5 indicates that while there are variations between the regions, no area is grossly undersupplied with continuing education programs. All but three regions have more than their share of at least one of these indices and those which do not are all within 2½% of where they ought to be on at least one index.

Question 6. To what extent are existing independent learning laboratories in the regions utilized for supervised, independent study courses?

The ISPCEN Task Force on Learning Laboratories surveyed the available audio-visual learning facilities. The task force found 25 institutions in the state with learning laboratories that could be made available to nurses for continuing education purposes and an additional 27 institutions without organized learning laboratories, but with audio-visual equipment and space that could be made available to nurses. Details of these facilities are included in the report of the ISPCEN Task Force on Learning Laboratories in Appendix B. One potential source for audio-visual instruction of nursing material is the Indiana Higher Education Television System (IHETS). At least

DISTRIBUTION OF CONTINUING EDUCATION OFFERINGS
IN INDIANA

Region	Percentage of Licensed Nurses	Percentage of Offerings	Percentage of Contact Hours	Percentage of Attendance
I	13.7	9.8	24.0	8.6
II	8.2	7.1	4.6	8.3
III	11.9	10.9	7.8	13.6
IV	4.7	8.1	5.5	4.6
V	4.1	10.9	7.2	19.7
VI,IX	9.9	4.9	3.5	8.2
VII,X	6.7	3.8	3.9	4.4
VIII	25.1	23.9	29.6	16.9
XI,XII,XIV	6.5	12.0	6.4	10.3
XIII	9.3	8.5	7.5	5.3

TABLE 3-5

eight of the institutions surveyed have access to IHETS. There is no documentation of the actual use of these learning laboratory facilities by nurses for continuing education.

Question 7. What evidence can be adduced to indicate the process of organizing ISPCEN has been evaluated?

The formative evaluation found very little evidence of formal evaluation but strong indications of informal evaluative processes occurring. In the past two years, however, there has been much more formal evaluation. In addition to the formative evaluation and this summative evaluation, ISPCEN developed a five-year (1975-1980) Master Plan which is currently being updated and the ISPCEN Project Director has prepared three annual reports. The project director has also conducted a study to determine the differences between nurses who do and who do not attend continuing education offerings.

Informal evaluation of the organization and dynamics of ISPCEN has also continued throughout the period. Some of this activity was formalized in a questionnaire which was given to ISPCEN Regional Coordinators and Chairpersons. The results revealed a strong agreement on the need for more coordination between regions and some dissatisfaction about the internal dynamics. There was strong agreement that there should be statewide planning meetings twice a year for the coordinators in each region; that there should be more coordinating, planning and implementation at the ISPCEN Coordinating Council meetings; that most of the time spent at the coordinating council meeting was utilized for policy and procedural matters and a minute amount for actual coordinating of educational offerings; that there appeared to be a lack of coordinating throughout the state of various organizations (i.e., there have been a repetition of programs by different state organizations without communication with the regional coordinators); that coordinated packaged programs are needed and appear

to be a legitimate activity for ISPCEN to pursue; that there was a need for a more common understanding and agreement between regions regarding the potential audience for each course; and that a higher level of trust needed to be developed among persons in the system as well as with outside systems.

This last item points to some potential problems within the interpersonal dynamics of the organization, and other interpersonal items indicate some, but not unanimous, dissatisfaction with these relationships. Approximately half of the respondents agreed that some coordinators are not too willing to cooperate in endeavors; that at times, it seems as though certain coordinators dominate the meetings; and that there is a problem in continuity of persons within the system and some mechanism is needed that will help maintain persons and their interest in the organization. A larger proportion (but still not unanimous) agreed that coordinators need to cooperate and share with each other more than they have in the past; that a few of the regional coordinators refuse to share information with other coordinators; that the coordinating function of ISPCEN suffers from the lack of involvement of all coordinating council members in the work of ISPCEN; that some members attended meetings regularly but seemed to be reluctant to take on additional responsibility in serving on the task forces which enhance the overall coordination; that sharing was done more by a few who feel very comfortable with each other rather than a total group sharing; and that some regions were functioning extremely well and others were not providing many opportunities for nurses.

This evaluation revealed some good information about problems in the organization that are typical interpersonal type of problems. With this information as the basis for discussion, much can be done to ameliorate the situation.

Question 8. What instrumentalities, tools, and techniques have been developed for evaluating the relationship between continuing education offerings and improved health care services?

The formative evaluation noted the difficulties inherent in documenting the relationship between continuing education and improved health care and the resultant lack of data in this area. At the time of this evaluation there was still only minimal hard data available and it was beyond the scope of this evaluation (and probably of ISPCEN) to conclusively demonstrate such a relationship. Therefore, an attempt was made to collect some impressionistic data about improved health care resulting from ISPCEN programs. Three-item questionnaires were given to the ISPCEN Regional Committee members to be answered on an individual basis. There were 57 questionnaires returned.

The first question was "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?" From the 57 questionnaires, 83 separate responses were identified. These were categorized as follows:

Responses expressing an opinion that ISPCEN programs have affected the quality of health care		58
	Specific examples of information gained at a program being used to improve health care	30
	Statement of a decrease in negative nursing practices	1
	General statements that health care has improved	27
Responses expressing an opinion that ISPCEN has improved the quality of continuing education in nursing		17
	Statements that continuing education in general has improved and people are more aware of the need for continuing education in nursing	11
	Positive evaluations of the workshops	6
Responses expressing negative or uncertain opinions		8
	Negative aspects of ISPCEN (feelings that continuing education is being pushed too hard, fear of mandatory CE, worry that nurses will leave state or nursing to avoid mandatory CE in nursing)	3
	Uncertainty about the effect of ISPCEN	3
	Opinion that there has been no effect	1
	Irrelevant comment	1

The responses to this question were overwhelmingly positive. More importantly, there were 30 specific examples of nurses using what they have learned to improve nursing care. Although this does not indicate how much ISPCEN programs have led to improved health care, it does demonstrate that it is possible to find specific examples of such an effect (and some of the examples were impressive--see Appendix C).

The second question was "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions." For this question 102 responses were identified and categorized as follows:

Responses expressing an opinion that ISPCEN programs have affected the quality of health care		38
	Specific examples of information gained at a program being used to improve health care	14
	General Statements that health care has improved	24
Responses expressing an opinion that ISPCEN has improved the quality of continuing education in nursing		25
	Statements that continuing education in general has improved	8
	Positive evaluations of the workshops	3
	Statements that continuing education is important, needed, worthwhile, etc.	14
Responses indicating problems that keep continuing education from having as much effect as it should have		23
	Statements that not enough programs are offered	9
	Statements that not enough nurses attend ISPCEN offerings	11
	Statements that nurses encounter resistance from administrators and/or doctors when they try to use techniques learned in workshops	3
Responses expressing negative or uncertain opinions		16
	Negative aspects of ISPCEN (feelings that continuing education is being pushed too hard, fear of mandatory CE, worry that nurses will leave state or nursing to avoid mandatory CE in nursing)	10

Uncertainty about the effect of ISPCEN	2
Opinion that there has been no effect	4

The responses of the colleagues were not as positive as were the responses of the committee members, but were still mostly positive. This data indicates that even with health care professionals who are not directly involved with ISPCEN there is some awareness of specific improvements in health care attributable to continuing education workshops and a general feeling that good things are happening. There is also, however, a stronger awareness of some of the problems that continuing education faces, particularly a sense of some resistance to the idea of continuing education.

The most impressive example of the effect of ISPCEN programs on health care reported is quoted below (see Appendix C for other responses).

> ...High-Risk Mothers & Babies offered 11 times since June, 1973. Results of this continuing education course have been expressed by physicians going out on transports to hospitals which nurses have attended the course. Dr. Richard Schreiner, Assistant Director of Perinatal Medicine at Riley Hospital made the following observations: In 1973 to 1974, he personally made 225 transports for sick newborns in Indiana. At that time approximately 1/3 - 1/2 of the newborns were dying, evidenced by cyanosis, cold, pneumothorax, acidotic, no I.V.'s and delayed call for assistance from Riley.
>
> Dr. Schreiner reports a dramatic improvement in the earlier recognition, stabilization and request for transport of the ill newborn. This has been evidenced by I.V.'s in place, sufficient oxygen to keep newborn pink, glucose stabilization, X-Rays done and infant warm. A form titled, "Suggestions for Transport to Riley Hospital Special Care Nursery" is given to each nurse who attends the course. This form has been utilized by the hospitals and is completed prior to transport, thus assuring earlier treatment and better stabilization of the sick newborn.
>
> Dr. Schreiner feels this dramatic improvement in the care of sick newborn may be directly related to registered nurses attending this continuing education course along with the efforts of the Riley physicians teaching the local physicians who come to Riley Hospital and the teaching of the doctor and nurse when out on transport.

The third question asked, "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?" From responses to this question, 57 suggestions were identified. Of these, 20 called for increased quantity or variety of offerings, including specific suggestions for programs for non-hospital nurses, for managers, for psychiatric nurses, for aides and other non-professional help, and programs to keep up to date on new techniques, to help implement things learned at other workshops, and to provide more practical or clinical experience. On the other hand, one respondent called for fewer programs. There were 11 suggestions that offerings be made more accessible (closer to rural areas, etc.) and five that more local control be used in choosing programs. There were nine statements of a need for more attendance and three for more awareness. There were two requests for improved quality of offerings and five requests to "continue improving." There was one call for more coordination, one call for ISPCEN to verify that workshop experience will be translated into improved nursing practices, and one person offered the opinion that things probably will not improve.

Question 9. To what extent has ISPCEN coordinated the planning and implementation of continuing education courses at the intra-regional and statewide levels?

The formative evaluation described two courses that were being planned to offer at the statewide level. The following update on these courses and other statewide efforts comes from the 1976 annual report:

1. Scheduled the "Occupational Health Nurse: Employee Mental Health" course in three regions. Because of poor enrollment, the course was cancelled in two regions and is being offered only by Indiana University School of Nursing at Indianapolis (Region VIII). The OHN:EMH course has been offered from January-December 1976 and from September 1976 - August 1977 in Region VIII. A repeat of the course is planned from March 1977 - February 1978.

2. Completed the "Emergency Department Nursing Today" course in two regions. The course is in progress in four regions and is scheduled for a seventh region, from March 1976 to July 1977. Implementation of this course was made possible through funds from the Indiana State Emergency Medical Services Commission in the amount of $39,800.

3. Offered parts of the "School Nurse" course in three regions in 1976 based upon the educational needs of school nurses in those regions.

4. Developed several content units for a refresher course for inactive nurses in individual regions. The need for state level planning of core content for a refresher course could not be established. Sharing of the units developed, e.g. Operating Room Nursing and Geriatric Nursing, would occur between regions.

5. Offered the "Charting: Fully, Factually and Fairly" course developed by Methodist Hospital, Indianapolis (Region VIII) in six regions for a total of eleven times.

Question 10. What packaged courses have been disseminated to the regions and what materials have been supplied and/or circulated to the learning laboratories? In what ways was ISPCEN involved in this process?

The formative evaluation found the dissemination of materials to be very good. ISPCEN remains involved in this activity. The ISPCEN Task Force on Learning Laboratories is currently developing a module in pharmacology to be distributed to learning laboratories in the state when it has been developed and pilot tested.

Question 11. Have any non-credit courses been approved for credit by an educational institution? Has any student attempted to receive credit approval for non-credit courses?

It has been reported that educational institutions in the state are willing to consider giving credit for continuing education courses, but there has been little interest in applying for academic credit. Thus, this concept is still basically untested.

Question 12. What is the state of development of course offerings for teams of interdisciplinary health care professionals?

According to the annual report, in 1976 continuing education activities have been provided for interdisciplinary health team participation in the following regions:

Region	Number of Educational Offerings	Number of Participants Other than R.N.'s or L.P.N.'s
I	2	27
III	2	8
VI,IX	5	14
VII,X	1	34
VIII	27	295
XI,XII,XIV	15	57

Participants in educational offerings other than registered or licensed practical nurses have included social workers, administrators, physical therapists, occupational therapists, physicians, respiratory therapists, dieticians, health educators and others.

Question 13. What are some possible future directions in the development of course offerings for teams of interdisciplinary health care professionals?

A task force on Interdisciplinary Continuing Education Programming has been established but the group has not yet met. Moreover, ISPCEN has not yet defined what constitutes interdisciplinary continuing education programming, e.g., is it interdisciplinary to have non-nurses attend ISPCEN courses, or should the offerings be specifically planned for interdisciplinary teams, or should they be planned in cooperation with other health care professionals?

There are indications of interest in interdisciplinary programming, but as of yet, relatively little commitment. Although the organization has not yet decided the level of involvement, it is likely that interdisciplinary projects will increase both in number and in the level of interdisciplinary involvement.

Question 14. To what extent has a system for the use and recording of continuing education units (CEU) been established?

At the time of the formative evaluation, the recording of CEU was functional although it varied from region to region and there was no centralized system. The current situation is about the same. Regional coordinators were asked to explain their CEU recording system and information was received from 13 regions. The basic approach is that it is the responsibility of individual participants and sponsoring agencies to keep CEU records on file. In addition, in at least five regions, the regional coordinator keeps records of CEU and in at least five other regions, the record keeping is integrated within the university system (it is difficult to be specific because in many cases--but not all--the regional coordinator is keeping records within the university system or the college is the sponsoring agency). There is still no centralized system nor a completely uniform system, but the ISPCEN Communication Task Force designed and published an explanation of the ISPCEN system for the use and recording of CEU.

Question 15. What strategies have been utilized for the ongoing identification of the educational needs of nurses relative to the emerging health care needs of the public?

The formative evaluation concluded that needs were being assessed on a continuing basis in each region using various strategies and that the extent of this activity was adequate and should be continued. The situation has continued and no new documentation was collected. In addition to the individual regional assessments, the project director conducted a survey of registered nurses in Indiana to determine the differences between nurses who do and who do not attend continuing education offerings. This information should be useful in forming strategies to involve the nonattenders.

A needs survey was attached to the questionnaire described above which was sent to a ten percent random sample of the registered nurse population actively licensed and residing in Indiana. Respondents were informed that completing the needs survey was optional. Approximately one half of the respondents to the continuing education questionnaire also completed the needs survey. The results of the survey were tabulated and distributed for regional planning purposes.

Question 16. To what extent have Indiana nurses been provided with a calendar of continuing education events?

The quarterly statewide calendar of continuing education activities in which registered and licensed practical nurses may participate is now sent to approximately 650 groups, organizations, and individuals with approximately 75 sponsors contributing information for the publication. In addition, individual regions have mailing lists for their own offerings.

Question 17. What are the strengths of ISPCEN at this point of the development of the project?

Question 18. What are the weaknesses of ISPCEN at this point of the development of the project?

The formative evaluation contains data on the perceived strengths and weaknesses of ISPCEN from the perspectives of the ISPCEN Board of Directors and the ISPCEN Regional Coordinators. No new data were collected about the perceived strengths and weaknesses of ISPCEN for the summative evaluation. Instead conclusions will be drawn from the data collected to answer the other questions, and will be presented in the next chapter.

CHAPTER FOUR

Discussion and Conclusions

When ISPCEN was organized, nine objectives were defined for the project as detailed in Chapter One. At the time of the formative evaluation, these objectives were translated into 18 questions which were addressed again in Chapter Three of this evaluation report. The objectives of ISPCEN have not been formally prioritized; there seems to have been an unstated assumption that they were all equally important. ISPCEN is a dynamic organization, however, and objectives, problems, and priorities do not remain static. Thus, there has been a natural and informal setting and changing of priorities, and at the end of the implementation phase some of the objectives are clearly less important than others. Therefore, this discussion will not address the specific questions of Chapter Three nor the specific objectives of Chapter One, but will be a general evaluation of what ISPCEN has accomplished in its three year existence and what directions are now open for it to pursue. This chapter contains the assessments and conclusions of the external evaluator, Marvin Rytting.

At the time of the formative evaluation, the most crucial question was the continuation of ISPCEN after December 31, 1976 when the W. K. Kellogg Foundation funding period would end. From the beginning of the project, the Indiana State Nurses' Association (ISNA) agreed to assume responsibility for the continuation of ISPCEN, but the details needed to be worked out. As of January 3, 1977, ISNA assumed this responsibility and ISPCEN became part of the ISNA organizational structure, changing its name to the Indiana Statewide Program for Continuing Education in Nursing. Thus ISPCEN will continue its coordination activities, but long range funding has not been assured and continues to be a concern.

A secondary concern within the continuation issue is the commitment of the institutions of higher education to fund the regional coordinator positions after the termination of the W. K. Kellogg Foundation funding. As reported in Chapter Three, all of the coordinator positions have been continued after December 31, 1976 and there is a commitment to support continuing education in nursing; but higher education funding is becoming very tight in Indiana, and as resources become scarce, the commitment to fund these positions becomes weaker. Funding is a present or potential problem in more than half of the regions, and it is likely that in the next few years several of the coordinators may be faced with the prospect of having to pay their own way or have the position eliminated.

It is unlikely that many coordinators could fund their own positions from continuing education participant registration fees unless continuing education for nursing becomes a mandatory requirement for relicensure of nurses. Without mandatory continuing education, therefore, it is likely that, one by one, regions will be cut out of the ISPCEN network. And the regions that need ISPCEN the most are the most vulnerable. This situation puts ISPCEN in an ironic and awkward position. ISPCEN has provided a system for meeting the continuing education needs of the nurses in Indiana--a system that could fairly easily expand to provide for mandatory continuing education. If continuing education for nurses is not made mandatory within the next few years, however, ISPCEN is likely to become increasingly unable to meet the need not only for mandatory but also for voluntary continuing education. Thus the long range security of ISPCEN is dependent upon a mandatory continuing education law, but precisely because of this, ISPCEN cannot be an effective advocate of such a law--others must fight for the cause. The alternative to a mandatory continuing education for relicensure system would be a continual struggle for funding that might not be won.

A second assessment that is important to make is to what extent has ISPCEN affected the quantity and quality of continuing education for nurses and thus the quality of health care in Indiana. The data indicate that the effect has been a very positive one. Course offerings and attendance have increased dramatically since 1974, the coverage of the state has improved, the quality of courses has been reported favorably, and there is some evidence of concrete improvements in the quality of nursing care.

The most dramatic increase in attendance at continuing education offerings was between 1974 and 1975. The 87% increase that year was followed by a 29% increase the following year. This compares with 83% and 45% increases in the number of offerings and 47% and 66% increases in contact hours. Thus the major increase in offerings and attendance came in 1975 while the major increase in contact hours came in 1976. This suggests that the current trend is toward having longer courses and smaller classes. While the number of offerings and participants can be expected to continue increasing somewhat, it seems to be stabilizing and future increases are likely to be moderate compared with the dramatic increases of the last three years. Offerings seem to be close to the demand in the voluntary market and no great increases are anticipated until continuing education becomes mandatory.

It is more difficult to document quality of offerings than quantity, but the evidence suggests that in general the quality of continuing education courses offered through ISPCEN is high. There is no data from before 1974 to compare against, but it is reasonable to assume that the impetus for having courses approved for CEU has raised the quality of the courses. Again it is impossible to quantify the quality of health care; but as described in Chapter Three, there is anecdotal evidence of improved health care that can be traced directly to ISPCEN offerings. ISPCEN has made a positive impact upon continuing education and health care in Indiana.

A third assessment--one that points toward the future--is an evaluation of what has not yet been done. As mentioned above, the priorities of ISPCEN have evolved naturally and have changed over the years. Thus not every goal that was identified at the beginning of the project has been reached. Three areas where there has been some work but where the implementation is incomplete are A-V learning labs, interdisciplinary activities, and a central CEU recording system. Although these objectives are desirable, they have not been considered as important as other activities. Among the questions facing ISPCEN for the future is whether to focus resources--energy,time, and money--on maintaining the basic services or to diffuse the available resources into some of these innovative activities.

For example, the ISPCEN Task Force on Learning Laboratories identified the audio-visual learning facilities that are available for continuing education in nursing, but individualized instructional materials are not yet available to use in these facilities. The Task Force is currently working on this problem, but to really provide the materials needed for individual study (plus equipment in many cases) will require a substantial commitment of time and money. ISPCEN will have to find an external source of funding for such a project. The Indiana Higher Education Television System (IHETS) is a potential resource that could have a great impact upon ISPCEN programming. Courses originating at the Indiana University School of Nursing (or elsewhere) could be used live or delayed at several other points across the state very economically. Again, however, to realize the potential of IHETS would require a strong commitment of energy and again ISPCEN is at the mercy of external sources of funding.

Likewise, ISPCEN has done some work on interdisciplinary offerings, but has not put forth a concerted effort here. Many people within and outside the organization recognize the desirability of interdisciplinary work, but this type

of innovation again requires more energy than regular courses. Also, there does not seem to be a clear agreement about what interdisciplinary courses entail. Does it mean that other professions are invited to attend nursing courses? Or that the planning and/or teaching of courses involves an interdisciplinary group? Or that participants are encouraged to come as interdisciplinary teams working together in the same setting? Which groups are appropriate to be interdisciplinary with: doctors, administrators, technicians, aides, mental health workers, etc.? Developing an interdisciplinary effort will require a clearer definition of purpose, a concerted commitment, and additional external funding.

ISPCEN has standardized the granting of CEU and has described the usefulness of the CEU for nurses. In addition, all regions have some policy for recording CEU. ISPCEN has not, however, established a central CEU recording system, nor are the recording policies uniform across the state. A centralized system would be desirable, especially if continuing education were made mandatory, but it is not clear how much energy it would be worth, and right now it is a low priority item. Again, to establish the centralized system would require money that ISPCEN does not have at present.

There is much more that ISPCEN could do to promote continuing education in nursing. The above examples were used because they have been identified as goals at one time or another. All of these areas of potential involvement have in common the fact that to be successful they will have to be given a higher priority--perhaps at the expense of some current activity--and they will require additional funds. To do much more than maintain the level that has been accomplished, ISPCEN will need to pursue grant money. It is not obvious that ISPCEN should do all of these things, just that it could. These are some of the decisions that need to be made as ISPCEN enters a new phase.

The most pressing problem that ISPCEN faces is the question of funding. In fact almost every problem is in some way a result of financial limitations. For example, the Transactional Evaluation Questionnaire reported on in Chapter Three revealed some dissatisfaction with some of the interpersonal dynamics of the organization. An examination of the problem suggests that it basically goes back to differing levels of commitment and willingness to share among the regional coordinators. This problem relates back to the structure of the organization and is dictated by financial limitations. ISPCEN is essentially a voluntary coordinating body. The regional coordinators are employed by their respective institutions--even those who have been supported by W. K. Kellogg Foundation funds have primary responsibility within the educational institution in which they are employed. This lack of supervisory power places limits upon how much ISPCEN can influence continuing education. There will probably never be uniformity in quality and quantity of offerings across the state, and there will probably always be interpersonal tension resulting from the different levels of commitment and cooperation among the coordinators. ISPCEN needs to accept the limits that are inherent in the structure of the organization. While there are still ways to improve, there may also be some expectations that are too high.

Part of the rationale behind the ISPCEN experiment was to provide a model for other states to follow. And indeed, ISPCEN has been used as a model, and information about ISPCEN has been widely disseminated. A good way to summarize this evaluation is to note that ISPCEN is a good model. It has not accomplished everything and has more work to do, but its contribution has been substantial. It has been a worthwhile experiment and continues to be a valuable project.

APPENDIX A

Respondent Comments to Impact Survey

R.N.

QUESTION #3 - "Which goal or goals?"

-Development of CEU program

-Continued ed.

-I presume one goal would be to have nurses continue their education but I've never seen the goals listed

-Have never seen the goals or accomplishments listed

-Improving and keeping up to date on nursing procedure

-We the nurses want to decide what should be set up for CEU credit and how and where

-Enable nurses to become better educated in order to be beneficial and meet abundant needs of the public and administer care to the sick

-A. Immediate to implementation: 1) Coordinate resources, data, and personnel 2) Provide quality continuing education 3) Provide an opportunity for nurses to maintain competence, meet changing standards, exercise leadership in effecting changes in health services and achieve career satisfaction
B. Ultimate goals: 1) Provide for the establishment of continuing education equal with other educational programs in colleges and universities school of nursing 2) Integrate Statewide Master Plan for continuing education in nursing into the State Master Plan for nursing ed. and the system of higher education 3) Establish a plan for permanent record system of each nurse's continuing ed. effort

-To keep nurses up to date in their field of nursing

-A requirement for "said" number of CEU's per year to keep one's registration and renew license

-To keep nurses up to date in medicine

-To represent nurses fairly in controlling amount of continuing ed. necessary for relicensure, should continuing ed. become mandatory

-High quality programs statewide

-Emergency medical services

-To insure the highest level possible of academic and basic nursing skills of those currently working in the nursing profession

R.N.

QUESTION #3 continued

-Provide coordination of CE offerings in state; have area coordinators; publish list of offerings

-Providing quality continuing ed. for R.N.'s and L.P.N.'s at the regional level

-To keep the nurse informed on latest ideas and trends in nursing. To teach new method of dealing with nursing problems; new procedures in nursing care

-To upgrade nursing

-To update nurses in their practice

-To be ready for C.E. action when a mandatory law for C.E. comes before State Legislature

-To keep R.N.'s informed and update the latest development and changes being made in the medical (nursing) profession

-There are 5 goals

-To make C.E. mandatory

-To provide a standard for continuing ed.

-I would expect the goals to be to increase and update the knowledge in all areas of the profession

-To accredit continuing education programs

-Opportunity to become or stay current with new developments in medicine

-To make an awareness through hospital as well as news media of upcoming seminars

-Education

-Provide a calendar of continuing education courses available, dates, and cost

-Continuing education of R.N.'s and L.P.N.'s

-Provide better nursing care through updated knowledge

-Additional course requirements to graduation

-Continuing education

R.N.

QUESTION #3 continued

-Provide opportunities for nurses to continue education through seminars etc. for which they get credit

-To keep nurses informed of changes in nursing

-Better communication with co-workers and understanding individuals and their attitudes

-As I understand it, the ultimate goal is so many CEU for continued licensure

-Opportunity for nurses in every region to maintain competence, career satisfaction, etc.

-To help us keep more abreast of current changes in procedures - updated on newest medications various other phases that have changed in nursing

-To keep more nurses more up to date on newer information

-To keep the education of nurses current and up to date

-To keep professionals in the health field aware of new knowledge and achievements - further education

-Assume title self-explanatory

-To help nurses keep up with current trends in nursing

-Continuing education

-To require R.N.'s to obtain continuing education credits in order to renew state license

-To provide continuing education for nurses to update their knowledge ; also to provide the opportunity to continue education if state makes it mandatory for relicensure

-To maintain your license by increasing your learning through educational learning

-To control requirements of continuing education and make them more accessible to the average nurse

-To establish a statewide mandatory plan for the continuing education of R.N.'s - on a 3-year basis

L.P.N.

QUESTION #3 - "Which goal or goals?"

-To keep nurses updated on their education

-Education

-Keeping nurses up-to-date on new advances in nursing

-Better nursing care
Better informed nurses

-To provide continuing education for nurses

-Implement continuing education for Indiana

-Giving education program to R.N. who has been inactive for above 10 to 20 years

-To upgrade nursing care

-Three credit hours of continuing education per year

-To inform nurses of the option to continue their education

-Upgrade nurses and keep us aware and informed on changes in our field

-To keep the nurse aware of new and improved methods of treatment and therapy used
Also our major health problems and diseases are discussed, such as mental health and heart disease, etc.

-To assure everyone continues to be qualified to care for patients, and be aware of the changes in nursing and medical field

UNKNOWN

QUESTION #3 - "Which goal or goals?"

-Approval to courses for credit

-Trying to further education for nurses in one or more specific areas

-To promote continued education

-Providing current medical data to R.N.'s

-Better nursing care

-Increase awareness of professional nurses of current concepts of nursing care in their area

-Quality education with regions for nurses

-September 23 - Update on Pharmacology
November - Seminar on Infection Control

-To help quality continuing education programs be available

R.N.

QUESTION #5 - "Which accomplishment or accomplishments?"

-Daily workshops offered on medical problems - e.g. I.U.K. - Uterine Cancer meeting in November 1976

-Improvement in wages of nurses and nursing procedures

-Workshops held at Ramada Inn in Ft. Wayne and other locations throughout the state

-Provide adequate courses to fulfill degree requirements

-Establishment of quality continuing education programs and position statements

-A hearing type program was held for nurses on continuing education in Ft. Wayne

-Training in resuscitation of individuals

-I believe the following goals - to keep the nurse informed on latest ideas and trends in nursing and to teach new methods of dealing with nursing problems, new procedures or nursing care - are being accomplished through our in-service training at Bloomington Hospital and through the scheduled conferences throughout the year which I feel have been very well planned.

-They came up with sample legislation and held hearings

-Set up Master Plan for C.E.

-Provision of continuing education locally

-Have offered some courses and seminars

-To increase awareness of the need for continuing education

-Proliferation of post graduate courses for R.N.'s and L.P.N.'s

-Presentation of informative seminars as well as instituting many in-service learning experiences in home hospitals

-Criteria for CEU

-Help provide seminars for education of nurses and attain certain points for each one attended

-Can communicate more readily. Increase of maturation toward those goals. Improved attitude (others' as well as my own)

R.N.

QUESTION #5 continued

-Keeping our district aware of happenings in the state and country

-Seminars - films - classes

-Classes offered at Community Hospital and Indiana University especially in specialized fields of nursing

-Make available to upgrade nursing as a whole

-Providing the opportunity to attend classes of continuing education

L.P.N.

QUESTION #5 - "Which accomplishment or accomplishments?"

-I did complete the required work - matching closed circuit tapes on at least 5 different subjects at Home Hospital - if this is part of your program

-I feel they have met the above mentioned goal

-Learning to handle orthopedic patients

-Most of the nurses to which I speak, are interested and want to find time to improve themselves for fear they will be "outdated" and "left behind"

-Several seminars have been held locally

UNKNOWN

QUESTION #5 - "Which accomplishment or accomplishments?"

-Approval of continuing education programs for CEU

-I have heard it discussed by different nurses

-Setting up workshops for furthering education - Ball State has offered several such classes

-Continuing education programs, seminars

-Good planned programs available throughout the state

-Have further educated nurses as to the importance of continuing education

R.N.

QUESTION #7 - "In what ways have you been involved?"

-I attended the workshop on Uterine Cancer

-.6 CEU received for Infection Seminars

-I have enrolled and been taking classes to earn additional college hours and working toward BSN and perhaps master's

-Planning committee effective 1977

-Have taken seminars and have applied to ISPCEN for CEU recognition for course

-When working at N.W. Indiana Home Health Service I was involved in taking a continuing education course involving Valparaiso University and Purdue Extension and our curriculum was ISPCEN approved

-Member of Region II committee of ISPCEN for three years

-Attended Industrial Nurse Seminars several times in past three years

-I routinely take or participate in workshops for CEU credits

-Planning group for regional programs; faculty for regional program

-On committee of E.M.S. which met with your group several times

-Attended one continuing education class

-Was on ISNA Board of Directors to consider ISPCEN and have planned program requesting CEU

-In 1976 attended three offerings as a student and attended four offerings as an instructor or preceptor

-I will be in January - I'm scheduled to be on a panel discussion for a program on Diabetes Mellitus. I've also attended all day conferences on Strokes - Neurological conference and one on Psychological problems facing patients

-I have been on planning committees for continuing education programs

-Indirectly I have tried to encourage R.N.'s to attend workshops, etc. although I myself have not been able to attend programs

-Regional committee

R.N.

QUESTION #7 continued

-I have some CE points

-Participated in development of programs reviewed by ISPCEN

-Took the course "Mental Health & the Occupational Nurse" and received credits through ISPCEN

-Unless you consider some of the continuing education programs sponsored by Goshen College

-Preparing a course outline to be submitted for CEU

-Numerous in-services in home hospital (Parkview Memorial, Ft. Wayne) and attendance at two C.E. Seminars

-Region 9 CEU committee

-Speaking to alumna association re C.E.

-Indirectly - one of our staff is involved with ISPCEN activities

-A participant in the programs and workshops - for CEU, that is - I have attended several programs

-Serving on a committee in one of the districts (region)

-Attended all three methods of seminars, films, and classes

-I took a few continuing education courses if that is involvement. We need more in the Public Health field

-I took a class in which I received some CEU

-I would like more information on ISPCEN but at this point I am not in favor with ISPCEN. It's fine for people who live in the larger cities but I do wish you would consider the rural areas and the cost to us for this program

-Classes at Riverview Hospital in Noblesville, Indiana

-I'm interested in taking a revise next year

-8 week R.N. Refresher Course at Community Hospital of Indianapolis, Indiana. Continuing education credits earned.

R.N.

QUESTION #7 continued

-I have attended classes

-CEU credits for a symposium

-Attended Pediatric Seminar in Richmond put on by I.U. Nursing School

L.P.N.

QUESTION #7 - "In what ways have you been involved?"

-Purdue courses - I have not been able to attend since temporarily retired from active nursing due to open heart surgery in September, 1975

-I attend as many courses offered as I can

-This is my first encounter with ISPCEN, but would like very much to know more about it

-I have payed (sic) for some of these classes

-Attended seminars; they were very helpful

-I took the course on Coronary Care at I.U.N.W. I watch the news for other courses which I may attend

-I have been involved, so far, only as a member of a group sent from our nursing staff at the nursing home where I was employed

-I've been attending every in-service meeting at the hospital where I work. I'm also taking 2 courses at University of Evansville

UNKNOWN

QUESTION #7 - "In what ways have you been involved?"

-Attending seminars

-Attended workshops

-Having a friend actively involved

-Giving programs that were submitted for evaluation

-Completed Instructor Leadership Program for Expectant Parent Education through my local Red Cross Chapter on 10-4-73

-Attended seminars

-Region 6 committee member

-Member of Region 9 - 1975-76
Sec. of Region 9 - 1976-77

APPENDIX B

ISPCEN Task Force on Learning

Laboratories Report

INDIANA STATEWIDE PLAN

FOR

CONTINUING EDUCATION IN NURSING

Report of Learning Laboratories

for

Continuing Education in Nursing

in

Indiana

January 1977

INTRODUCTION

In early 1976 a Task Force on Learning Laboratories was appointed by the Coordinating Council of the Indiana Statewide Plan for Continuing Education in Nursing. One of the purposes of this Task Force was to determine the availability of learning laboratories in Indiana which could be used for continuing education for nurses.

A questionnaire was designed by the Task Force and distributed to Regional Coordinators and/or Chairpersons for the fourteen regions. Coordinators/Chairpersons were requested to survey facilities in their regions to determine what facilities were available. A copy of the survey form is included in this report.

A number of regions surveyed health facilities of all types to determine what types of equipment and space might be available for use by nurses for independent study. The results of all surveys have been compiled in this report, including a summary of the facilities reported in each region and a detailed chart of what is available in each facility.

Task Force on Learning Laboratories: Faye Peters, Chairperson
Ethel Bell
Joyce Dungan
Jean Hutton
Doris Mack
Mary Ellen Meade
Katy Ponzo

Regional Coordinator _____ Region _____

What learning labs are available in your region?

For each of the learning labs in your region, please provide the following information:

(1) Which of the following hardware does the learning lab have available?

16 mm projector _____

8 mm projector _____ What kind? _____

Video playback

1) 3/4" cassette _____

2) 1/2" playback reel to reel

3) 1" playback reel to reel _____

Audio cassette _____

Audio reel to reel _____

Film strip projector _____

Film strip projector with sync. audio Record _____

Cassette _____

Slide projectors _____

Sync. slide/tape equipment _____

Other, please list

(2) Does the learning lab have WATS or IHETS capability?

(3) Would your learning lab be available for use by registered and licensed practical nurses enrolled in a continuing education activity?

(4) If your learning lab could be made available, what are the times the learning lab would be available for such RN's and LPN's? (Please be specific, eg hours during day and evening, days of week, times during year).

(5) Is there an established fee structure for the use of your learning lab?

(6) Do you, at the present time, have materials available for loan?

(7) Would you consider accepting materials for use by the continuing education participant?

(8) Is there a list of available materials which can be sent to the Regional Coordinator?

(9) With whom could continuing education representatives negotiate in order to establish use of and programs in your learning lab?

INDIANA STATEWIDE PLAN FOR CONTINUING EDUCATION IN NURSING

Survey of Learning Labs

Region I - Mary Ellen Meade, Regional Coordinator

Completed survey forms were returned by three universities, four hospitals, and one library. Information is summarized in detail on the attached form.

SUMMARY

Valparaiso University, Valparaiso, has a learning lab but it is not available for use by RN's and LPN's. Classrooms could be made available which are equipped with T.V. and other audio-visuals.

I.U. Northwest, Gary, has a learning lab which is available for use by RN's and LPN's in a continuing education activity. The use of the lab has to be coordinated with the student programs and times cannot be given. On Saturdays and during vacation periods for students the lab is available. Negotiation for use is with the Chairman, Division of Nursing.

Purdue University, Calumet Campus, Hammond, has a learning lab which is available for use by RN's and LPN's enrolled in a continuing education activity with advance approval. Evenings and Saturdays are available. Supervision by a staff knowledgeable in the use of the equipment would have to be provided. Weekday scheduling could be planned each semester around the class schedules for students. The Learning Resource Committee would have to develop policies regarding fees. Negotiation for use of the lab is with the Learning Resource Committee plus the Department Head.

St. Mary's Medical Center, Gary, has a learning lab but is available for in-house personnel only. Negotiation for use of the lab is with the Director of Education.

St. Anthony's Medical Center, Crown Point, does not have a learning lab at this time. A new addition in 1977 will provide more space for nursing education. Once more space is available, materials for use in continuing education could be accepted. Negotiation for use would be with the President and Mr. Steve Shride, Nursing Service Director.

Our Lady of Mercy Hospital, Dyer, has a learning lab which is set up by appointment. Its use is limited to hospital employees. Negotiation for use is with Leslie A. LeVan, Director of Staff Development.

Walters Hospital Foundation, Michigan City, has a learning lab which is available to RN's and LPN's in a continuing education activity from 8AM - 4PM. There is no fee structure but one would be established. Materials would be accepted for use if they were free. Negotiation for use is with the hospital administrator.

Lake County Library has a learning lab which is available for RN's and LPN's from 9AM - 10:30PM M-F and 9-5 on Saturday. There is no fee structure. Material for continuing education in nursing could be accepted. Contact person is Carol Derner.

REGION: I

Facility	Learning Lab		EQUIPMENT													WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Valparaiso Univ. (Dorothy Smith)	X		X	X	Bell & Howell	X		X	X	X	X	X	X	X	X		X	No	No	Other Questions Answered			
I.U. Northwest (H. Malone)	X		X	X	Super 8 Cassette, Silent		X	X		X	X	X	X		X	X	IHETS	Yes	Sats & Vac for St. Other dep. on st.hrs.	Being considered	Within the Division Only	Yes	Coord. has access to card file	Other equipment: Video camera Computer terminal Circle Electric Bed Fetal Monitor Datascope with Def Arrhythmia Annie Incubator Contact person: Chairman, Div. of Nursing
Purdue-Calumet (Joyce Ellis)	X		X		Bell & Howell Technicolor-1300 with Sound 1000 Silent	X		X		X	X	X	X	X	X	X	No	With Adv. Approv.	Eve. & Sat.	No	Affil. Agency with prior Arrang.	Yes	Yes	Contact persons: Learning Resource Committee and Dept Head

REGION: I

Facility	Learning Lab		EQUIPMENT													WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
St. Mary's Medical Center - Gary (Jean Halverson)	X		X	X		X				X	X				X	X	WATS	No		No	No	No	Yes	Contact person: Director of Education
St. Anthony Medical Center - Crown Point (Sister Frances Szczur)		X	X					X					X		X	X		No		No	No		Included	Vu-lite for books Overhead Contact person: Steve Shride, Dir. of Nsg.
Our Lady of Mercy Dyer (Leslie A. LeVan)	X		X				X			X	X	X		X	X	X	WATS	Restrict to Employ	Scheduled	No	No	N/A	N/A	Audiscan Caramate (inst. model) Overhead Opaque Contact person: Leslie A. LeVan

REGION: I

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Walters Hosp. Foundation (Carole Jane Mitchell)	X		X													X	No	Yes	8AM 4PM	No	No	Yes if free	No	Contact person: Hospital Administrator
Lake County Public Library (Carol Derner)	X		X	X						X	X	X			X	X	PLANNED	Yes	9-10:30 M-F 9-5 Sat.		Yes	Yes	Yes	Contact person: Carol Derner

Region II - Katy Ponzo, Coordinator

Two surveys were completed: Goshen College and St. Mary's College. Eight of the hospitals and approximately ten nursing homes in the region have adequate audio-visual equipment with the use of individual learning packets. Six hospitals have video equipment and have WATS.

SUMMARY

Goshen College, Goshen, has a learning lab which can be used by RN's and LPN's on Tuesday, Wednesday and Thursday, student vacation times and other times on a limited basis. The Center is open 8AM - 10PM M-Sat. There is no fee structure at the present time and learning packets are not loaned at the present time but this is being discussed by the Continuing Education Committee. A.V. software is loaned. The Learning Center would consider accepting material for use in continuing education in nursing on campus as well as coordinating this in the Region. Contact persons are Marilyn Leichty and Kathryn Ponzo.

St. Mary's College, South Bend, has a learning lab which can be used by RN's and LPN's during the evening and on weekdays, depending on the time of the year. Materials are available for loan but materials could not be accepted for continuing education in nursing at this time due to size and no coordinator. Contact person is M. E. Martinci.

REGION: II

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Goshen College Goshen	X		X			X				X	X		X		X		I H E T S	Yes		No	No	Yes	Yes	Video Camera, Film Loop Projectors, Filmstrip Viewers, 24 Carrells equipped with audio cassette play decks. Contact persons: Marilyn Leichty and Katy Ponzo
St. Mary's College South Bend	X		X									X	X	X	X		No	X	PM & Weekends	No	Yes	No	Yes	16 carrells, TV Matic, tapes/film-strip, slides. Contact person: M. E. Martinci

Region III - Lora Thomas Coordinator

Completed surveys were returned: eight hospitals, eleven long term care facilities and one vocational school. Information is summarized in detail on the attached forms.

SUMMARY

Caylor-Nickel Hospital, Bluffton, has equipment and rooms available for use by RN's and LPN's in continuing education. Reservations need to be made for use of rooms. Materials would be accepted for use by nurses in continuing education. Contact persons are the Director of Nsg. and the Inservice Director.

Lutheran Hospital, Fort Wayne, cannot make facilities or equipment available at this time due to construction.

St. Joseph's Hospital, Fort Wayne, has equipment and a conference and assembly room for inservice and training programs. Materials for use by RN's and LPN's in continuing education would be accepted depending on the purpose and content. Contact person is the administrator for nursing service.

Whitley County Memorial Hospital, Columbia City, has some equipment and would be willing to accept materials for continuing education for nurses. An organized program for continuing education is being developed. Contact person is the training coordinator.

LaGrange County Hospital, LaGrange, has some equipment and would accept materials for use by RN's and LPN's in continuing education. Hours can be arranged. Contact person is the Director of Nursing.

Adams County Memorial Hospital, Decatur, has some equipment and space for continuing education activities for RN's and LPN's. Space for 18-20 is available anytime with larger groups in the evening. Materials would be accepted for use by nurses and materials are available for loan (list attached). Contact person is the Director of Nursing.

McCray Hospital, Kendallville, has equipment and limited space for use by RN's and LPN's in continuing education activities. Materials would be accepted. Hours would have to be arranged. Contact persons are the inservice director and director of nursing.

Huntington Memorial Hospital, Huntington, cannot make facilities available for use by RN's and LPN's at present due to a building program. Contact persons are the executive director and director of personnel development and training.

Community Care Center, Decatur, indicates all arrangements would have to be made with Mr. Myron Bradburn.

Lutheran Homes, Inc., Kendallville, limits the use of equipment and space to their own staff. Contact person is Willamine Brewster.

Miller's Merry Manor, LaGrange, would be willing to make space and equipment available for continuing education for RN's and LPN's and would accept materials. Contact person is the administrator.

Colonial Crest Convalescent Center, Fort Wayne, has limited equipment and space which would be made available for use by RN's and LPN's in continuing education. Materials would be accepted. Contact person is the Director of Nursing.

LaGrange Nursing Home, LaGrange, would make space available for continuing education for RN's and LPN's and would accept materials. Contact person is the administrator.

Souder Health Care, Inc., Auburn, would not be able to make facilities available for continuing education for RN's and LPN's. They would consider accepting materials. Contact person is Ruth Muzzello, Adm.

Lutheran Homes, Inc., Fort Wayne, would make space and equipment available for RN's and LPN's and would accept materials. Contact person is Fred Nicno.

Parnell Park Nursing Home, Fort Wayne, would make space and equipment available for RN's and LPN's depending on the number. They would accept materials. Contact person is the director of nursing.

Kendallville Nursing Home, Kendallville, would make space and equipment available for continuing education for RN's and LPN's and would accept materials. Contact person is Sandy Clem.

Swiss Village, Inc., Berne, would not be available for use by RN's and LPN's for continuing education. Contact person is Elnere K. DiWay.

Regional Vocational Center, Fort Wayne, would make equipment and space available for RN's and LPN's in continuing education and would accept materials. Contact person is G. F. Walls, Coordinator.

REGION: III

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Caylor Nickel Hospital (Jean Hanover)		X	X			X				X		X		X	X		No	Yes	By reser.	No	Yes	Yes	No	Contact persons: Jean Hanover, In-service Ed. M. Ellenberger, Dir. of Nsg.
Lutheran Hospital, Fort Wayne (Virginia Williamson)		X	X										X	X	X	X	No	Not at Present	N/A	No	N/A	N/A	N/A	Contact person: Mary Geesaman, Dir. Inservice Ed.
St. Joseph's Hospital Fort Wayne (Judy Womask)		X	X			X				X	X	X	X	X	X		WATS	N/A	N/A	N/A	Yes	Yes	Yes	ROCOM Contact Person: Judy Womask
Whitley County Memorial Hospital (Denise Galloway)		X	X											X	X		No	Yes	Arr.	No	No	Yes		ROCOM Contact Person: Denise R. Galloway

REGION: III

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
LaGrange County Hospital (Sharon Hunaker)		X	X							X		X	X		X		No	Yes	Arr.	No	Yes	Yes	Yes	Contact Person: Sharon Hunaker, Dir. of Nsg.
Adams County Memorial Hospital, Decatur (Suzanne Tarr)		X	X									X		X	X		No	Yes	Arr.	No	Yes	Yes	Yes	Contact Person: Director of Nsg.
McCray Hospital (Junine Travis)		X	X							X		X			X	X	No	Yes	?	N/A	No	Yes	No	Contact Persons: Junine Travis, Ins. Dir. Carol Marks, Dir. of Nsg.
Huntington Memorial Hospital (Barbara Carmien)		X	X			X				X			X		X		No	No	N/A	No	Yes	?	No	Overhead Contact Persons: Leigh Morris, Exec. Dir. Barbara Carmien, Dir. Per. Dev. & Tr.

REGION: III

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available for Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Butler Hotel Rest Home (L. Crawford)		X															No	N/A	N/A	N/A	N/A	N/A	N/A	
Community Care Center, Decatur (Gladys Osborne)		X											X				No	?	?	?	No	?	No	Contact person: Myron Bradburn
Lutheran Homes, Inc. (Willamine Brewster)		X	X							X		X			X		N/A	No	N/A	No	No	Depends	No	Contact person: Willamine Brewster
Miller's Merry Manor LaGrange (Ruby Johnston)		X										X		X			No	Yes	7am-9:30pm	No	Poss	Yes	No	Contact person: Phyllis Miller, Adm.
Colonial Crest Convalescent Center (Mary R. Hall)		X	X									X		X			?	Yes	Days & Eve.	No	No	Yes	No	Contact person: Mary R. Hall, Dir. of Nsg.

REGION: III

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
LaGrange Nursing Home (Gladys Neal)		X		X													No	Yes	7am-9pm M-Th	No	No	Yes	No	Contact person: Gladys Neal, Adm.
Souder Health Care (Jeanne Sisson)		X													X		No	No	N/A	No	No	Yes	No	Contact person: Ruth Muzzello, Adm.
Lutheran Homes, Inc. (Marilyn Allgood)		X	X							X					X		N/A	Yes	Most Any	No	No	Yes	No	Contact person: Fred Nieno
Parnell Park Nursing Home (Rebecca Hansen)		X	X														No	Yes	7am-5pm M-F	No	No	Yes	No	Contact person: Rebecca Hansen, Dir. of Nursing

REGION: III

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Kendallville Nursing Home (Sandy Clem)		X	X	X	Kodak								X		X		N/A	Yes	N/A	N/A	Yes	Yes	N/A	Contact person: Sandy Clem
Swiss Village, Inc. (Elnere K. DiWay)		X	X											X	X		No	No	N/A	N/A	N/A	N/A	N/A	Contact person: Elnere K. DiWay
Regional Vocational Center, Fort Wayne (G. F. Walls)		X	X										X	X		X	No	Yes	Eve. M-Th	No	No	Yes	No	Contact Person: G. F. Walls, Coordinator

Region IV - Doris Mack, Regional Coordinator

Three learning labs were reported in the Region: Purdue University Department of Nursing, Home Hospital (future) and St. Elizabeth's Hospital School of Nursing. Information is summarized in detail on the attached form.

SUMMARY

Purdue University, West Lafayette, (Dept. of Nsg. and A/V Center) has a learning lab which is available for use by RN's and LPN's. The hours are 8am - 9pm weekdays and 8-12 noon on Saturday in the Dept. of Nsg., however, these times are limited and the best time is during semester break and vacation periods for students. The A/V Center is open 7:30am - 10pm M-F, Sat. 8-12, Sun. 2-10pm. Materials are available for loan and materials could be accepted for use in continuing education in nursing. Contact person is Doris Mack.

Home Hospital, Lafayette, has a learning lab which is available to RN's and LPN's but the hours are questionable at the present time. There is no fee structure. Materials would be accepted for use in continuing education in nursing. Contact person is Mrs. Kathy Groenewold.

St. Elizabeth's Hospital School of Nursing, Lafayette, has a learning lab which is available for RN's and LPN's enrolled in continuing education. The hours are M-Th 8am - 9pm, Sunday 1-4pm. The lab is not open in July and August. There is no fee structure. Materials could be accepted for continuing education in nursing. Contact person is Patricia Goebel.

REGION: IV

Facility	Learning Lab		EQUIPMENT													WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Purdue University Dept. of Nsg. & AV Lab, Stewart Center West Lafayette	X		X			X		X	X	X		X	X	X	X	X	IHETS	Yes	vary with st. schedule	No	Yes	Yes	Yes	Tape recorders, recorder/playback Projector viewer Contact person; Doris Mack
Home Hospital Lafayette	X		X			X				X		X	X	X	X	X	WATS	Yes	?	No	Yes	Yes	Yes	Contact person: Kathy Groenewold
St. Elizabeth's Hospital School of Nursing	X		X			X				X		X	X	X	X	X	WATS	Yes	8-9 M-Th 1-4 S	No	Yes	Yes	Yes	Contact person: Patricia Goebel

Region V - Clara Bell, Regional Coordinator

Information was submitted on Indiana University at Kokomo and Wabash County Hospital. IHETS is available in St. Joseph's Memorial Hospital and Howard Community Hospital in Kokomo. IHETS is available on IUK campus but not in the learning lab. The learning lab is available for use by RN's and LPN's in continuing education, to be scheduled by the regional coordinator. The library is open from 8am - 10pm for individual use. Materials would be accepted for use by continuing education participants. Negotiation is with Bruce Landis, LRC or Florence Gardner, Nursing Lab.

SUMMARY

Wabash County Hospital, Wabash, has equipment and space which could be used by RN's and LPN's for continuing education. Almost anytime could be made available day or evening throughout the year. Materials would be accepted. Contact persons are the Director of Inservice and/or Executive Director.

REGION: V

Facility	Learning Lab		EQUIPMENT														WATS/INETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Indiana University Kokomo	X		X	X	Technicolor Loop	X		X		X	X	X	X		X	X	On campus	Yes	Sched.	No	No	Yes	Yes	Contact person: Bruce Landis, LRC Florence Gardner, Nsg. Lab.
Wabash County Hospital, Wabash		X	X			X						X	X	X	X			Yes	Most any	No	No	Yes	N/A	Contact persons: Carole Carter, Dir. of Nsg. Wayne Hendrick, Exec. Dir.

Region VI - Kay Fitzpatrick, Regional Coordinator

Completed surveys were returned by two colleges, one university and two hospitals. Information is summarized in detail on the attached form.

SUMMARY

Ball State University, Department of Nursing, Muncie, has a learning lab which is available for use in Ball State University sponsored continuing education for RN's and LPN's. The lab hours are 8am - 10pm M-Th; 8am - 6pm Fridays; 8am - 5pm on Saturdays when university classes are in session. There is no fee structure, no materials are available for loan and no list of materials is available to be sent. Materials for use in continuing education would be accepted if no cost is involved. Approval for use is from the Head of the Department in consultation with the Regional Coordinator for Contining Education.

Marion College, Marion, has a learning lab which the faculty would consider making available for continuing education for RN's and LPN's. Use of the lab would need to be scheduled within regular hours. The fee for the use of the lab would have to be established. Materials are currently loaned to other institutions and agencies in the community. Materials would be accepted for use in continuing education for nursing with faculty approval. Miss Sharon Rose is responsible for the learning lab and the person to contact for its use.

Ball Memorial Hospital, Muncie, has a learning lab which could possibly be used for continuing education for nursing. The lab is open all year and probably could be made available during the evening hours. Ms. Mary McGarrell, Coordinator, Inservice Education is the person to contact.

Anderson College, Anderson, has a learning lab which would be available for use by RN's and LPN's in continuing education. The hours available are 6-10 pm and weekends. No fee structure has been established. Materials are available for loan and materials would be accepted for continuing education in nursing. The contact persons are Darlene Miller, Coordinator of Instructional Materials Center and Richard Hoke, Chairman, Department of Nursing.

Jay County Hospital, Portland, has some equipment and space for providing continuing education for RN's and LPN's. Materials could be accepted for use by RN's and LPN's. No materials are available for loan. Contact person is the Director of Nursing.

REGION: VI

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use In C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Ball State University, Dept. of Nursing, Muncie	X		X	X	Kodak	X				X		X			X		WATS	X	8am-10pm M-Th 8-6 F, 8-5 S	No	No	Yes with cost	No	Fairchild 707 Dial Access Filmloop Proj. Contact person: Kay Fitzpatrick
Marion College, Marion	X		X	X	Beseler Cue	X				X			X		X		No	Prob	?	No	Within community	Yes With Fac. app.	Yes	Overhead Contact person: Sharon Rose
Ball Memorial Hospital Muncie	X		X			X				X				X	X		WATS		Pos.	Eve.	No	?	?	Yes	Contact person: Mary McGarrell Coordinator In-service
Anderson College, Anderson	X		X	X		X			X	X	X	X	X	X	X	X	IHETS	X	6-10pm eve. week ends	No	Yes	Yes	Yes	Contact person: Darlene Miller Richard Hoke
Jay County Hospital, Portland		X	X									X		X			No	Yes	Vari.	No	No	Yes	No	Contact person: Janet Barrett, Director of Nsg.

Region VII - Mary Anne Roehm - Regional Coordinator

The only survey returned was for Indiana State University which has a learning lab available for use by RN's and LPN's. The hours vary with the time of year-anytime May, June, July and August, evenings, Sat. & Sunday, September-April. No fee structure has been established. Materials are available for loan. Materials could be accepted for use in continuing education in nursing. The contact person is Ethel Bell, Media Coordinator.

REGION: VII

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Indiana State University School of Nursing Terre Haute	X		X			X				X		X	X	X	X	X	No	Yes	Vary	No	Yes	Yes	Yes	Contact person: Ethel Bell, Media Coordinator

Region VIII - Jean Schweer, Coordinator

Completed surveys were returned by four schools of nursing, one school of practical nursing and five hospitals. The following indicated they did not have a learning laboratory:

Indianapolis School of Practical Nursing
Wishard Memorial Hospital and School of Nursing
DePauw University School of Nursing
Community Hospital of Indianapolis
Winona Memorial Hospital

SUMMARY

Indiana University School of Nursing, Indianapolis, has a learning laboratory. The use of this laboratory is negotiable. The hours change frequently but the best time for use by RN's and LPN's is May-August or during spring break for students. No fee structure has been established. Accepting materials for use by RN's and LPN's in continuing education is negotiable. The contact persons are the Coordinator, Learning Lab or Assistant Dean of Educational Instruction.

St. Vincent's Hospital, Indianapolis, has a learning laboratory which could be available for use by RN's and LPN's for continuing education from 8am - 5pm, M-F. There is no fee structure. Materials are available for loan and materials would be accepted for use in continuing education for nurses. Contact person is Mr. James Van Vorst.

Methodist Hospital, Indianapolis, has a learning laboratory which would be available for use by RN's and LPN's in continuing education. Materials are available for loan via inter-library loan and materials would be accepted and placed on reserve for nurses in continuing education. A revised list of available materials will be available March, 1977. Contact should be made with Library Media Center.

Indiana Central University, Indianapolis, has a learning laboratory which would be available if the continuing education is sponsored by ICU. Materials would be accepted for use in continuing education. No materials are available for loan.

Veteran's Administration Hospital, Indianapolis, has a learning lab but it is not available for use by RN's and LPN's since it is in almost continuous use by the Hospital personnel.

Hawley Army Hospital, Ft. Benjamin Harrison, has a learning laboratory which would be available for use by RN's and LPN's in continuing education. Materials would be accepted and materials can be loaned.

REGION: VIII

Facility	Learning Lab		EQUIPMENT														WATS/IHETS Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.								
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape							
Indiana University School of Nursing, Indianapolis	X		X	X	Tech. 1000	X			X	X	X	X	X	X	X	X	IHETS in Bldg.	Neg.	?	No	No	Neg.	Not for distribution	Contact persons: Jean Hutten Magdalen Fuller
St. Vincent's Hospital, Indianapolis	X		X			X			X	X	X	X	X	X	X	X	WATS	Yes	8-5 M-F	No	Yes	Yes	Yes	Contact person: James Van Vorst
Methodist Hospital, Indianapolis	X		X	X	4 Tech. 1Fairchild 1 Bolex	X			X	X	X	X	X	X	X	X	WATS 21 10am-2pm	Yes	8-4:30 M-F	No	Via inter-lib.loan	Yes	Yes-Re-vised copy March 1971	Record Player Contact person: Carol LeBeau
Indiana Central University, Indianapolis	X		X			X				X		X	X	X	X	X	No	If spon. by ICU	Eve. Sat.	No	No	Yes	N/A	Contact person: LeAlice Briggs
Veteran's Administration Hospital, Indianapolis	X					X				X		X	X	X	X	X	No	No	-		No	N/A	N/A	
Hawley Army Hospital, Ft. Harrison	X		X			X				X						X	Will have WATS	Yes	7:30-4:30 M-F Other as arr.	No	Yes	Yes	Yes	Contact person: Capt. Mary J. Blosser

Region IX - Kay Fitzpatrick, Coordinator

Surveys were returned from two facilities, Indiana Vocational Technical College in Richmond and Reid Memorial Hospital, Richmond. Information is summarized in detail on the attached form.

SUMMARY

IVTC, Richmond, has a learning lab which could be used for continuing education for RN's and LPN's. The lab is open all year 8-4 (except two weeks at Christmas) and 4-8pm Sept.-June, Monday through Friday. No fee structure has been established. Materials are available for loan to selected agencies on a limited basis. Materials could be accepted for continuing education in nursing. Contact person is Joan Esary, Director of Health Occupations.

Reid Memorial Hosptial, Richmond, does not have a learning lab as such but can make provisions for use of equipment and materials for small groups or individuals by specific request. The hours are 8-4 and use must be scheduled in advance. There is no fee structure. Materials could be accepted for continuing education in nursing. Contact should be made with the Department of Staff Development.

REGION: IX

Facility	Learning Lab		EQUIPMENT													WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
IVTC Richmond	X		X								X		X	X	X		No	Yes	8-4 Sept-June 4-8 M-F	No	Yes	Yes	Yes	Opaque Projector Overhead Contact person: Dept. of Staff Deve.
Reid Memorial Hospital, Richmond		X	X	X	Kodak	X				X	X	X	X	X	X	X	No	Ind. Req.	8-4	No	Yes	Yes	Yes	Contact person: Joan Esary

Region X - No surveys completed

Region XI - Faye Peters, Regional Coordinator

Completed survey forms were returned by one university, one vocational technical college, one school corporation and five hospitals. Information is summarized in detail on the attached form.

SUMMARY

Indiana Vocational Technical College, School of Practical Nursing, Columbus, has a learning lab which would be available for use by RN's and LPN's when not in use by the P. N. School. The best time would be after 4pm or Saturdays. Materials for use by RN's and LPN's would be accepted. The contact person is the program director. Neither WATS or IHETS is available.

Columbus Center, IUPUI, Columbus, does not have a learning laboratory at this time but plans to establish one during 1977, which will be available for use by RN's and LPN's. This will be available when the library is open 8am - 8pm each day except Saturday and Sunday. Materials will be accepted and materials will be loaned. The contact person is the Coordinator, Continuing Education in Nursing. Neither WATS or IHETS is available at this time. IHETS is tentatively scheduled for 1977.

Bartholomew Consolidated Schools, Columbus, has learning laboratories which could be used by RN's and LPN's. The hours are 8:30-3:30 M-F with special scheduling for evenings. Materials would be accepted for use by RN's and LPN's. The contact person is Mr. Paul Riddle.

Decatur County Memorial Hospital, Greensburg, has some equipment and classroom space which could be used for continuing education for RN's and LPN's. Materials would be accepted. Neither IHETS or WATS is available. Contact person is the Director of Inservice Education.

Muscatatuck State Hospital, Butlerville, has equipment and space which could be scheduled for use by RN's and LPN's for continuing education. Materials would be accepted. Contact person is the Director of Staff Development.

Jackson County Hospital, Seymour, has equipment and classroom space which could be made available for use by RN's and LPN's for continuing education. Materials would be accepted. Neither IHETS or WATS is available. Contact person is the Director of Inservice.

Jennings Community Hospital, North Vernon, has some equipment and a small conference room which could be made available for use by RN's and LPN's for continuing education. Materials would be accepted. Neither IHETS or WATS is available. Contact person is the Director of Inservice.

Bartholomew County Hospital, Columbus, has equipment and space which could be made available for use by RN's and LPN's in continuing education. Materials would be accepted. Contact person is the Director of Staff Development.

REGION: XI

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
IV Tech - Practical Nursing School, Columbus		X		X									X	X			No	Yes	Sat. or after 4:00pm	No	Yes	Yes	On req.	Opaque Projector Overhead Proj.(2) Contact: Margaret Watson
Columbus Center, IUPUI, Columbus		X	X			X				X	X	X			X	Ordered	No	Yes	M-F 8:30-3:30 Days	Inc. with CE off.	No	Yes	Yes	Opaque Projector Overhead Proj. Contact person: Faye Peters
Bartholomew Consolidated Schools		X	X			X				X	X	X	X	X	X	X	No	Yes	M-F 8:30-3:30 Sch for eve	$5-15 per day	No	Yes	No	Contact: Paul Riddle 812-376-4283
Decatur County Memorial Hospital, Greensburg		X	X							X		X		X	X	X	No	Yes	Could be arr.	No	No	Yes	No	Contact person: Marilyn Rosenberry
Muscatatuck State Hospital, Butlerville		No	X	X	Kodak Super 8							X		X	X	X	No					Yes		Contact person: Mary Lou Stockcamp

REGION: XI

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Jackson County Hospital, Seymour		No	X	X	ROCOM					X		X	X		X		No	Yes	Anytime acc.to other sched.	No	No	Yes	Yes	Contact persons: Rebekah Cart Phyllis Flynn
Jennings Community Hospital, North Vernon		No	X												X		No	Yes	Eve. & Days	No	No	Yes	No	Contact person: Betty Bloomquist
Bartholomew County Hospital, Columbus Betty Casey		X	X			X				X	X	X			X			Yes	N/A	No	Yes	Yes	N/A	ROCOM Contact person: Betty Casey, Staff Dev.

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Region XII - Faye Peters, Coordinator

Completed survey forms were returned by two hospitals and one long-term care facility. Information is summarized in detail on the attached form.

King's Daughters Hospital, Madison, has some equipment and could make space available for use by RN's and LPN's for continuing education. Materials would be accepted. Contact persons are the Administrator and/or the Director of Nursing.

Dearborn County Hospital, Lawrenceburg, has some equipment and space available for use by RN's and LPN's for continuing education. Materials would be accepted. Hours are available in the day and evening when not in use by the Hospital. The contact person is the Staff Development Coordinator.

Terrace View ECF, Lawrenceburg, has some equipment and space which could be available for RN's and LPN's for continuing education when not in use by the three nursing homes which use it. Some training films are available for loan. Materials would be accepted for use. Contact person is the Director of Nursing.

REGION: XII

Facility	Learning Lab		EQUIPMENT															WATS/1HETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.										
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape									
King's Daughters Hospital, Madison			X							X					X			No	Yes	M-F 7am-11pm	No	No		No	Overhead Proj. Contact persons: Mac Alexander, Adm. Mrs. Pocobello, Dir. of Nsg.
Dearborn County Hospital, Lawrenceburg			X			X									X			No	Yes	On req.	No	No	Yes	Yes	Opague Proj. Overhead ROCOM Contact person: Iris Nelson
Terrace View ECF, Lawrenceburg			X							X					X	X		No	Yes	On req.	No	Yes	Yes	Yes	Contact person: Peggy Rossman

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Region XIII - Thelma Brittingham, Regional Coordinator

Completed survey forms were returned by four hospitals and two universities. Information is summarized in detail on the attached form.

SUMMARY

Deaconess Hospital, Evansville, has a lot of equipment but it is not indicated if it has a learning lab. At the present time, equipment may be used for in-house programs during 8am-3:30pm Monday-Friday. Materials are not available for loan unless a Deaconess employee is responsible for materials. Negotiation to use the equipment is with the Educational Services Department.

Good Samaritan Hospital, Vincennes, does not have a learning lab as such. The equipment is available for continuing education for RN's and LPN's if sponsored by Good Samaritan Hospital. At the present time, utilization of equipment would not lend itself to expanded usage, however, would be glad to discuss accepting materials and making adjustments. Negotiation is with Mary Sue Stoelting, Director of Staff Development or Louise Geis, Director of Nursing.

St. Mary's Hospital, Evansville, does not have a learning lab as such. The equipment they have would be available for continuing education activities for RN's and LPN's. No specific hours are indicated but would need to be scheduled. At present, materials are shared with other Daughter's of Charity facilities and other local hospitals. Materials would be accepted for use by continuing education participants. Negotiation for use is with Mr. Larry Barnfield, Director of Education.

Welborn Hospital, Evansville, has no learning lab. Equipment is available and room space is available upon request on a first come, first serve basis. Negotiation is with Dr. Robert L. Wilson, Director of Education or Donna J. Mitchell, Assistant Director of Education.

Vincennes University, Vincennes, has a learning lab which is available for use by RN's and LPN's in continuing education if sponsored by Vincennes. The lab is available during the summer, between spring and fall semesters on Saturdays or at night from September through May. The student lab fee is $15.00 per semester hour. No materials are available for loan but materials would be accepted for continuing education participants. Negotiation is with Mr. Phil Summers, Director of Continuing Education.

University of Evansville, Evansville, has a learning lab which is available for RN's and LPN's enrolled in continuing education at the University.

The lab is open 8am-9pm M-Th, 8am-4pm on Friday, 12-4pm on Saturday, and 1-5pm on Sunday. Summer hours are 12-4pm M-F. The lab is closed during school holidays and quarter break. No continuing education fee has been established. Materials are not available for loan but materials would be accepted for continuing education. A list of materials is attached. Negotiation for use of the lab is with Joyce Dungan, Director of Learning Resource Laboratory and Helen C. Smith, Dean, School of Nursing.

REGION: XIII

Facility	Learning Lab		EQUIPMENT														WATS/IHETS	Available for Use By RN's & LPN's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. E.	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.									
	Yes	No	16 mm.	8 mm.	8mm. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape								
Deaconess Hospital Evansville	X					X		X	X	X	X	X	X	X	X	X	No	No in-house only	8-3:30	No	No	Yes	?	Overhead Proj. Opaque Proj. Viewgraph for X-Ray Contact: Ed. Services Dept.
Good Samaritan Hospital		X	X			X				X	X	X			X			Spons. by Good Sam. Only		No	No	?		T.V. (WAT 21) in each unit classroom. Contact persons: Mary Sue Stoelting Louis Geis
St. Mary's Hospital		X	X					X		X	X	X	X	X	X		No	Yes	?	No	Yes	Yes	Yes	Panasonic Video Tape Equipment B/W Camera Overhead Proj. Contact person: Larry Barnfield
Welborn Hospital		X	X			X				X			X	X		X	No	Yes	Scheduled	No	Few	?	Filmstrip list	Contact persons: Dr. Robert Wilson Donna Mitchell

Region XIV – Louise Sublette, Chairperson

One completed survey was returned for Indiana University Southeast in New Albany. The use of the learning lab at IUS for continuing education for RN's and LPN's cannot be determined at this time. An inventory of audio visual aids is attached.

REGION: XIII

Facility	Learning Lab		EQUIPMENT																WATS/INETS Available for Use by HH's & LPH's	Hours	Fee Structure	Materials Available For Loan	Accept Materials For Use in C. C.:	List of Available Materials	Other Equipment
			Movie Proj.			Video Playback				Audio		Film Strip			Slide Proj.										
	Yes	No	16 mm.	8 mm.	Sup. Kind	3/4" Cas.	1/2" Cas.	1/2" RR	1" RR	Cas.	RR	Proj. Only	Syn. Cas.	Syn. Rec.	Proj. Only	Slide/ Tape									
Vincennes University, Vincennes	X		X			X		X	X	X	X	X	X		X	X			Yes *	Varies	$6. $15.00 eve; $1. only	No	Yes	Yes	Models AV display & Closed Circuit TV Contact person: Bill Summers
University of Evansville, Evansville	X		X	X	Kodak Ektag. 120 Slides	X		X		X	X	X			X	X	No		Yes *	Varies	$1. only	No	Yes	Yes End.	Technicolor Std Sup. Continuous Reel Cassette Super 8 Magi cartridge Contact persons: Joyce Dingman Heber Smith * Sponsored by University

APPENDIX C

Respondent Comments to Health Care Survey

ISPCEN REGION I

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program effected the quality of health care in Indiana?"

-Burn seminar - beds washed every day for protective isolation of burns. We started this on 2E; pathologist decided it was to be used throughout hospital.

Patient teaching - diabetic classes and surgery rounds for pediatric patient. (R.N.)

-It has improved - because nurses are becoming more aware of their responsibilities. (R.N.)

-It is difficult for me to answer this question, since I am involved in the education of allied health personnel, and am not in a position to directly evaluate the effectiveness of the ISPCEN health care in Indiana. From my own observation and experience as a student in continuing education courses at Indiana University Northwest, inferring from the interest and number of students in classes which I have attended, it is reasonable to assume that the quality of health care in northwest Indiana unquestionably would have to be affected in a positive manner. (R.N.)

-Increased emphasis is placed on education upgrading in the nursing field. Continuing education programs have alerted the nursing staff aides to upgrading techniques, procedures, comparable to other surrounding health care facilities making their job capabilities more meaningful and transferable than feeling stalemated to one facility. Thus, after becoming aware, then the knowledge was practiced, improved job satisfaction has resulted, with improved nursing care given. Most frequent comments: "We wish more of the staff could attend - first hand, because the workshop was so informative and stimulating - I want to change things right away. Communication skills have gained more importance in patient care. (LPN)

-Although I am only recently aware of many existing programs, I think it certainly has much potential - as attendance increases hopefully those involved will return to their place of employment and instrument what they have learned. So far things I have learned have been used instrumentally and incidently in teaching. (R.N.)

-I no longer hear obsolete medical information being disseminated in the office environment, as my nurses at Ross Clinic, Inc. have been updated through the efforts of many ISPCEN offerings. (R.N.)

-I have observed changes in charting a more concise charting. Better nursing care towards decubitus care and other treatments. I can't say for all of Indiana; all I can say for is at BMH. (L.P.N.)

ISPCEN REGION I

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

-Must be more accessible to have good effect. (R.N.)

-Most nurses agree continuing education is necessary. Several expressed concern that they hoped there would be numerous programs in the future covering all subject matter. Expressed also, was the fear of the required CEU would be too high to meet. (R.N.)

-Feel all programs are worthwhile but would like some nearer Valparaiso or PNC. (R.N.)

-None of the labor and delivery nurses have attended continuing education nursing programs. (R.N.)

-General Impressions. Coupled with #1 partly, but not completely. The people attending are interested, motivated, care conscious, sincere and conscientious in their work - Fine! Workshops are geared for R.N./ L.P.N.'s mainly and the bulk of the care for patients is provided by aides who are not knowledgeable of the "Why something is done", which workshops deal with mainly. Therefore, the need for this group to be reached more adequately, to become aware of the <u>why</u> or <u>why not</u> is greatly needed. Likewise enough R.N.'s do not attend these programs regularly to carry through in local teaching seminars to benefit the improvement of patient care. Workshops are valuable - continue them! More psychiatric programs needed, not just general hospital care programs! Psychiatric students, 2 ward charge-aides who did attend programs but material was shared with all equally and their reactions incorporated. (L.P.N.)

-With several co-workers in other disciplines they too have expressed similar programs of continuing education. In nursing, certainly upgrades quality care when applied. With non-related health professions one comment "I thought you had to have it to keep up". (R.N.)

-The nurse in the "specialist" setting is feeling more competent and confident in nursing the whole patient rather than a fragment of the situation. <u>Total</u> patient care has been the largest single impression; also they feel more knowledgeable about the total person subsequently less afraid or threatened by it. (R.N.)

-Unable to answer (R.N.)

ISPCEN REGION I

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-Program for supervisors and other "managers"
eg. - Employee counseling
- How to keep head nurses to develop, to grow in their job
- Management of time
- Data collecting as in problem solving
- Objectivity in situations. (R.N.)

-By attendance and interest there possibly will be more impact. (R.N.)

-Improved community health awareness and more ability to do on-going health teaching of patients. (R.N.)

-No R.N.'s on IS have attended continuing education programs provided by ISPCEN. I think they would help to improve and maintain good nursing care. I would like to see time and/or tuition arranged for R.N., L.P.N. to attend these programs. (R.N.)

-Due to the expense and distance to travel it's made it difficult for the nurses to attend. I think if the programs could be closer more would be able to take part. I have not attended any continuing education programs and therefore have nothing to offer at this time. (R.N.)

-I would hope that the continuing education in nursing program would interest and reach a wider range of nurses and practical nurses, not only in the densely populated urban areas, but also in the rural areas of the state. I feel that more continuing education courses designed for nursing and allied health educators and administrators is most desirable and would have an indirect, but valuable effect on the quality of health care in Indiana. (R.N.)

-1) Provide programs geared more psychiatrically and for institutional-type care than general hospital care.

2) Continue the increased frequency of varied subjects or problems for programs with possibility of a repeat presentation in more than one potential area to reach more "hungry" people. (L.P.N.)

-Continue to upgrade quality. (R.N.).

-I would hope that nurses en masse would avail themselves of the opportunities presented in their areas to update their knowledge base to afford adequate and correct information to the laity. Perhaps mandatory CEU licensure is the only way to accomplish this... Nurses need to understand that this poses no threat to them and certainly raises standards for quality health care in our state. I am definitely in favor of mandatory CEU credit for licensure. (R.N.)

QUESTION #3 continued

-More programs that others who work in the field of nursing can attend beside just the nurses. As attendants and aides need refreshing in-service the same as the professional staff. (L.P.N.)

ISPCEN Region II

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?"

- 1. Workshops are well attended in occupational health
  2. Much interest in programs
  3. The workshops have improved and knowledge obtained is being used and quality of nursing has improved
  4. Better speakers, teachers
  5. Nurses are not as prone to leaving programs and classes and go downtown, etc.
  6. Better care for patients (R.N.)

-Continuing education is still so new to so many nurses and so few (overall) have taken advantage of continuing education courses it is difficult to know how the quality of health care stands in comparison. Those that have taken advantage, however, are encouraged by the continuing education efforts and do seem to apply it to their present positions in better patient care.
Further comment in next question. (L.P.N.)

ISPCEN Region II

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

- 1. They are interested
  2. More questions are being asked
  3. Want to know where I have learned this and I myself feel more confident
  4. Some, of course, want nothing to do with continuing education and knew it all 30 years ago. (R.N.)

-Upon discussing with colleagues I found there are many extenuating circumstances. At the root is the availability of programs and to whether or not they apply to their current positions. These make a difference as to whether or not they even go to the programs to have an effect on the quality of nursing care. Where programs have been attended it does affect the quality of nursing care positively, however, on a small scale. One person or two does not really affect nursing care on a total basis. More programs, more local, more persons involved seems to be the answer. (L.P.N.)

ISPCEN Region II

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

- 1. More workshops, classes but should not be mandatory
  2. Better patient care
  3. Doing better nursing job
  4. Makes one feel better when knows she feels more confident (R.N.)

-It is my hope that enough nurses come to realize the importance of continuing education in their professions both to themselves and to the facility of employment. In this way perhaps programs could be offered on a more local level instead of having to drive 30 miles plus. Until active participation takes place - nursing care can and does become "routine." (L.P.N.)

ISPCEN REGION III

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?"

-In Fort Wayne the Infection Control meeting made our institution more aware of the things to do and not to do. (R.N.)

-Examples of visual aids viewed at programs suggested as in-service materials. C.E. programs directly and indirectly affect the quality of health care because participants incorporate some of what they heard into their care and some will pass it along. (R.N.)

-Nurses are becoming more interested in the new techniques and new trends in nursing. They are taking classes and becoming more efficient. Nursing like many other fields requires interest and study to keep abreast with the changing times.

-At VNS of Fort Wayne many changes were made to improve our system of managing sterile supplies, autoclaving, etc. This was the direct result of having one of our staff nurses attend a conference held in our area. The person attending earned 0.6 CEU as a result of attendance. (R.N.)

-At our hospital they have made changes in the requirement of attending a certain number of inservice programs. At the end of the year, they collect the old attendance cards and pass out new ones. (R.N.)

-Encouraged nurses to attend programs (and pass on their additional knowledge in practice hopefully) in order to obtain CEU they would not have attended with this incentive. The content of the programs create an atmosphere for discussion pro and con - always healthy. (R.N.)

ISPCEN REGION III

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

-In our area I get the feed back from employees who go to programs, courses, etc. that the new techniques they are exposed to are shot down when they get back on the job by our staff doctors. In some cases this is dampening their initiative in participating in continuing education. In some offerings are we going out of the nursing field into medical? (R.N.)

-We have observed an improvement in quality of teaching in maternal and child health and other special areas through attendance at continuing education programs in nursing. ISPCEN has helped nurses I have observed to take responsibility for upgrading their own nursing knowledge and skills. (R.N.)

-Most of the people I've talked with don't really think continuing education is going to make better nurses. They feel the nurses that are on the ball will seek to improve their knowledge anyway. The rest of them forced to get CE won't really be any better nurses. Most of these were staff nurses - full time and part time. (R.N.)

-Not sure if ISPCEN can take total credit as some programs discussed did not request CEU and were not listed on any ISPCEN program agendas. Indirectly there probably has been an increase in awareness of the need for continuing education. One example has been presented to school nurses to try and obtain pediatric B/P cuffs and do screenings in grade schools. This area of concern is not being picked up in doctor visits etc. One nurse in our area is pursuing this goal. (R.N.)

ISPCEN REGION III

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-Have not attended any recent programs, so have no comment, plan to attend some in future. (R.N.)

-Keep nurses abreast of the new ideas and advancements in health care delivery. (R.N.)

-A greater number of programs offered, in all areas is a necessity to fulfill mandatory CEU that will come in the future. Helping fulfill the need is going to improve the quality of care. (R.N.)

-I would hope to see better nursing care in hospitals. Don't be upset at that statement. I have had much contact with hospitals in the last year by having members of my family seriously ill. As a nurse being a patient in a hospital you cannot judge, because since you are a nurse, you receive care above and beyond the need. But someone who has never been in a hospital before - it is a most disturbing and confusing experience.

Everone is qualified and performs his or her particular job well, but each specialty R.N., L.P.N., aid, etc. does their own "thing". When you are standing by and watching or the patient, it doesn't seem that the patient care is blended or co-ordinated. This is a disturbing and confusing situation. Patients still need TLC.

-Of special importance is having the location of the continuing education in nursing programs near those who are to participate. I am grateful for the sincere effort that has been made to offer the programs throughout the state. (R.N.)

-I would hope it would improve, but I don't think it really will. If you work, you're bound to learn new things anyway. (R.N.)

-Public health programs sponsored and presented by nurses - nutrition, health awareness, physical fitness, etc. The Right to Life group is an example of what nurses might provide. The above example is an effect on the quality of health care. (R.N.)

ISPCEN REGION IV

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?"

-Have heard participants say they were instrumental in promoting changes in the care of patients. (R.N.)

- A. Made the nurse of Indiana more aware of the need for continuing education.

B. Involved more staff level nurses (grass roots) in participating in the planning of programs (could be more but at least a start)

C. With the emphasis on quality of patient care and accountability of nurses, ISPCEN has definitely been a vehicle for nursing to respond to the needs of individuals and institutions as far as review of old nursing principles and introduction of new ideas.

D. Increased the number and quality of programs for nurses in region IV. (R.N.)

- 1. I have seen some nurses very hostile about continuing education push

2. Difficult for them to get time off for the meetings and if meetings are at night are too tired to go.

3. Some continuing programs beneficial others not so. (R.N.)

-I hope that continuing education has and will continue to upgrade the quality of nursing; however, I have heard nurses express concern that the nurses who are working will be unable to fulfill their continuing education obligations and perhaps then will be unable to be relicensed. (R.N.)

-As an R.N. returning from 5 year retirement I feel the programs I've been (several this past year or two) having up raded my nursing care and stimulated my thinking. I have seen others who have been in a "nursing rut" for several years who are also being stimulated. It seems to be catching. I have also seen other nurses who have become very bitter about the continuing education push and as a result have or are looking into other employment. I believe as an overall view it will be a definite upgrade of nursing as a profession - the pettiness between nurses may be resolved to a certain extent with their energies going to continuing education. (R.N.)

-Direct changes I have observed in nurses on my staff (in my area of practice only) are more self-assurance - they nurse more effectively and contribute more to total patient care. We are very "picky" about the programs we choose to attend and choose those that add to our knowledge in our area of practice. Quite a few of the programs that we attend are sponsored by AACN which applies more specifically to us. (R.N.)

ISPCEN REGION IV

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

-Programs that have dealt with direct patient care such as Primary Nursing Care Assessment of the Cardiac, Respiratory Diseases, Gerontology have made a difference in the quality of health care. Staff development/ inservice programs have improved nursing care. Emergency Room Nursing has changed some of the nursing practices. (R.N.)

-In one local hospital I have seen staff nurses become more aware of the need for total patient care (wholeness of the patient) and are now seeking assistance in the method to assure this care. The utilization of the Nursing Process. The (accreditation) evaluation of hospitals by the Joint Commission has made hospital administration aware of needs in their Nursing Service Staffs and ISPCEN has definitely helped to fill this need, (not totally, but partially) through improving the patient care. I see more need in this area. (R.N.)

-Lose some good nurses - Look for different type of employment. Few nurses really pushing ed. nursing program; other nurses sitting back and observing. Some nurses have no feeling one way or another. (R.N.)

-(Staff nurses 2 - persons) felt we might lose some good nurses. (Head nurses health care 2 - persons) felt had observed very little impact, felt very strongly that continuing education was coming but in their experience felt no C.E. Program could replace day to day experience. (R.N.)

-Group of Head Nurses - (14).
Very little, if any. Actually very few staff nurses here attend programs. Mostly because they have to go on their own time and at their own cost and are not yet motivated to do this. (R.N.)

ISPCEN REGION IV

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-Provision of more care - better health delivery services. (R.N.)

-Hope to see on a local level so the committee would be aware of needs of those they service. (R.N.)

-I would hope that health care in Indiana will improve - nurses would be well versed on current trends, etc. I think this would be better fulfilled by having program planning committees in each region - keep it on a local level - they would better understand the region's nurses' needs education-wise. (R.N.)

-I would hope it could be maintained on a local level such as the committee would be aware of the needs of those they service. It is more evident - the type programs needed and the transportation problems involved for people of a specific area. (R.N.)

-We would hope that ISPCEN continuing education would improve quality of health care. We have found that some nurses attend programs just for CEU, and not for program content. We feel the "market is flooded" with too many programs, that less offerings would be more effective - assuming the program content was of good quality. (R.N.)

ISPCEN REGION VII

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?"

-Care of patients who are hospitalized has improved especially the respiratory and the heart patients. Our area has had several series of classes for the above patients. Hopefully the care of the dying patient has improved but I have no way of measuring the results. The same is true of other courses where you expect a philosophical or attitudinal change. (R.N.)

-In our hospital, probably one of the most beneficial outcomes of any continuing education workshop was the result of a 200 hour Emergency Room Nursing course. From that course, most all of our E.R. policies have been revised and new ones written and they have been approved by JCAH. Also, all the E.R. nurses in our hospital were given the opportunity to update their knowledge by inservice brought back by those nurses who attended. Workshops on charting and legal aspects, infection control, diabetes, alcoholism and others have helped us update many procedures which will improve the quality of care. (R.N.)

-By making continuing education offerings of a high quality because they had to meet the ISPCEN standards. By offering nurse-related programs which may be directly applied to the job but which either were not included in basic ed. programs or needed updating, e.g. - program planning, death and dying. The high quality programs which are demanded by ISPCEN standards allow for return demonstration or clinical experience which gives proficiency in utilizing the material learned. I feel this assures the nurses will use the information she has gained. (R.N.)

- a. Quality programs have helped prepare nurses to provide the more technical and complex kind of patient care, e.g. critical care programs.
  b. Programs have helped individual nurses gain a better understanding of self, patient, patient's family and other health care providers.
  c. Nursing administrators have looked to continuing education programs for upgrading nurses who then, hopefully, should function more effectively.
  d. Program on Discharge Planning - ideas from the program enabled the hospital to incorporate Discharge Planning in hospital forms and thru utilization and Social Service.
  e. Death and Dying Seminar - comments from nursing: "I think I will be able to cope with my own feelings on death." People through the local Mental Health Agency establishing an Encounter Group for those persons needing counseling in this area. (R.N.)

ISPCEN REGION VII

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

-In talking with several nurses in our institution, I have had many positive responses regarding the workshops and the effect they have on patient care. One nurse said that since ISPCEN, the quality of the programs has improved. One nurse thought that a lot of the information she received at workshops she was not able to apply here due to restrictions imposed by doctors and hospital policies. She said that workshops are not geared for "small county hospitals". (Example: Nurses doing Endotracheal Intubation). Most all agreed workshops do help in daily practice to improve quality of care. (R.N.)

-Most nurses have had positive responses toward the effect of ISPCEN on the quality of health care in Indiana. A few nurses had negative responses with the following comments:
(1) Programs designed only for hospital nurses
(2) Program was not at a convenient time for attendance
(3) Fee too high
(4) Program too long
(5) Program should have included all disciplines (R.N.)

-Cannot respond to this question. (R.N.)

ISPCEN REGION VII

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-A continuing of #1 plus - should we have involvement in consumer education. I think ISPCEN should work very closely with Education and Nursing Service in ISNA. (R.N.)

-Through talking with other nurses, I have been told they want workshops brought to our community. One nurse even suggested having programs in larger cities taped or typed and copies made available to the smaller communities, so we might have an opportunity to benefit also. (R.N.)

- a. Pooling of resource materials; making them available for institutions to use.
  b. Avoid duplication of programs.
  c. Do a survey in each region to find what the educational needs are; then design programs to meet needs. (R.N.)

ISPCEN REGION VIII

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?"

-Our nursing staff is more knowledgeable about new medicines and their effects. We have increased awareness of coronary care. (R.N.)

-Knowledge of coronary care, med. Realizing the need for continuing education and professional accountability. (R.N.)

-Am not directly aware of any drastic change in the quality of health care because of ISPCEN but am certain that individuals who took advantage of offerings sponsored by ISPCEN (directly and indirectly) have applied acquired information and skills to patient care. (R.N.)

-High Risk Mothers and Babies: Changes in procedures noted by nurses who attend this course have been: 1) axillary temps. of newborn rather than rectal; 2) delaying initial bath of newborn until temperature has been stabilized; 3) parents allowed in special care nurseries to touch or hold sick newborn; 4) nurses allowed to do dextrostix screening on newborns. 5) At least four hospitals allowed the nurses who attended to set up new procedures and teach the other personnel. As a result the nurses from these hospitals are at the advanced level of neonatal nursing. 6) The registered nurses who have attended the course from Elkhart, Valparaiso and Lafayette are now responsible for starting all I.V.'s and drawing blood gases as a result of their continuing education experience. 7) Registered nurses attend the course and state many changes in policy and procedures in their hospital as a result of a nurse from their hospital who had attended the course previously. (R.N.)

- 1. Nursing Audit procedures
  2. Charting and documentation improving
  3. Motivation of patients with respiratory problems. (R.N.)

-I feel that it has improved the quality of health care by making R.N.'s and L.P.N.'s more aware of new concepts in patient care and treatment. It also offers professionals the opportunity to share ideas and knowledge with others in different settings and/or fields of work, especially when attending workshops, etc. away from their own hospital setting. (R.N.)

-I have heard frequently from nurses in 50+ age category, that C.E. has helped them get back "in touch" with their profession. This renewing of information can only help provide a better health care provider and better health care. (R.N.)

ISPCEN REGION VIII

QUESTION #1 continued

-Occasionally a procedure has been changed because of information obtained from a workshop. However, most of our procedure changes are a result of new product information from manufacturers. (R.N.)

-As a direct result of the BC/BS programs aimed primarily at nurses, utilization review programs are being implemented in this state with the assistance of the nurses involved. Utilization review, including audit, is synonymous with quality assurance in the respect that in looking at our delivery of health care we discover things that need improvement which when accomplished upgrades patient care. (R.N.)

-I have heard nurses say they are more aware of their need to continue learning and ISPCEN has provided this opportunity. Increased awareness may lead to participation in continuing education programs. Nurses attend programs and bring back new ideas to her/his hospital. (R.N.)

-The improved educational offerings have assisted the nurse in making accurate nursing diagnosis; enlarged the communication groups for improved resources and referral; encouraged the nurse to streamline their activities and separate the professional and functional tasks to allow more of her time with the patient and his needs. (R.N.)

ISPCEN REGION VIII

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

-Seeing education as an opportunity not a threat. SLOW CHANGE taking place. Realizing they have valuable knowledge to share and need to have input into the health care system. (R.N.)

-Some individuals are not even aware of ISPCEN. (R.N.)

-High Risk Mothers and Babies offered 11 times since June, 1973. Results of this continuing education course have been expressed by physicians going out on transports to hospitals which nurses have attended the course. Dr. Richard Schreiner, Assistant Director of Perinatal Medicine at Riley Hospital made the following observations: In 1973 to 1974, he personally made 225 transports for sick newborns in Indiana. At that time approximately 1/3 - 1/2 of the newborns were dying evidenced by cyanosis, cold, pneumothorax, acidotic, no I.V.'s and delayed call for assistance from Riley.

Dr. Schreiner reports a dramatic improvement in the earlier recognition, stabilization and request for transport of the ill newborn. This has been evidenced by I.V.'s in place, sufficient oxygen to keep newborn pink, glucose stabilization, X-Rays done and infant warm. A form titled, "Suggestions for Transport to Riley Hospital Special Care Nursery" is given to each nurse who attends the course. This form has been utilized by the hospitals and is completed prior to transport, thus assuring earlier treatment and better stabilization of the sick newborn.

Dr. Schreiner feels this dramatic improvement in the care of sick newborn may be directly related to registered nurses' attending this continuing education course along with the efforts of the Riley physicians teaching the local physicians who come to Riley Hospital and the teaching of the doctor and nurse when out on transport.

This is an example of interdisciplinary and cooperative planning and teaching of continuing education for improved health care.

A Director of Nursing from a hospital who has sent five nurses to this course made the following observations on the improvement of health care as a result:
1) the nurses have written a booklet for the parents of newborns in the special care nursery; 2) new procedures were written; and 3) those nurses have been better prepared to cope with the situation. Her final statement being "if continuing education didn't improve the health care I would not spend $450 - $500 per nurse to attend the course" (R.N.)

ISPCEN REGION VIII

QUESTION #2 continued

-Generally, staff nurses appear somewhat antagonistic to C.E. unless it is presented by their own institutions. Many times they feel disappointed in programs offered elsewhere, but there have been some better presentations in 1976. I think if we can give them what they want they will be motivated. Requirements of Regional Review Committees have made educators more cognizant of their responsibilities as providers and offerings have improved. Supervisory and higher echelons feel there is a great lack of educational programs directed toward their needs.

C.E. is having an impact in our region on nurses, but quality of care they give and its direct connection with C.E. is more difficult to affirm.

(Discussed with six hospital staff nurses, two hospital supervisors, One Director of Extended Care Facility) (R.N.)

-Most of our nurses who have participated have felt it has helped them both in giving patient care and made them aware of their own needs to continue updating their knowledge. Since policy and/or procedure changes sometimes take a long time implementing, however, some of them feel somewhat frustrated at times, in not being able to actually practice what they've learned. (R.N.)

-Makes me realize how much I've forgotten since school. Going to C.E. offerings gives me opportunity to ask questions. C.E. provides for the timeliness nursing needs to keep up with new advances and research. C.E. can provide a connecting force between nurses, a unifier. Keeps us in tune with each other. (R.N.)

-In areas observed or worked within by colleagues here, there is no discernable effect on quality of health care, since the mechanisms for measurement of that are not developed or known to us/being devised at this time. If you had asked about quality of seminars and workshops offered to R.N.'s and attendance increase, rather than outcome, we might be better informed. (R.N.)

-Consensus (from 5 R.N. consultants) is that any self-education is bound to improve the nurse's approach to patient care and this improves the overall quality of care. However, there has been too much emphasis on programs which are oriented to nursing practice in a facility, and not to practice in the ambulatory setting. (Perhaps there is no funding for programs aimed at the office nurse and community health nurse, but surely funds could be found.) (R.N.)

-Several of my colleagues feel that ISPCEN has increased the awareness of nurses concerning continuing education. Nurses are beginning to accept the fact that one does not "know all" when nursing training is completed. But nurses must be prepared to learn for their lifetime. (R.N.)

ISPCEN REGION VIII

QUESTION #2 continued

-Stimulated interest, desire for additional knowledge, and identify other areas that they would liked developed to assist them in improved patient care. Encouraged the nurse to openly discuss topics, work through plans, and identify appropriate solutions to common problems with another professional nurse group. Reinforced security for the individual nurse making important decisions alone. (Knowledge, resources, confidence, techniques newly learned from these offerings.) (R.N.)

-Our people are seeing continuing education as an opportunity, not a threat.

ISPCEN REGION VIII

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-As more staff nurses are involved the quality should improve. We hope that program planning will remain at the "grass roots" level. (R.N.)

-I see the need for assistance in implementation - it's been difficult for presentation of programs plus traveling to areas, but if you can't implement the ideas they are wasted. (R.N.)

-As a result of the dramatic effect upon health care of this continuing education course (High Risk Mothers and Babies), an Advanced Neonatal Nursing continuing education course is being planned for March 1977. This course will provide in-depth knowledge for registered nurses working in hospitals caring for the critically ill newborn. (R.N.)

-Somehow we must devise a means to verify that C.E. is working to improve health care. (R.N.)

-I would like to see the ISPCEN program somehow coordinated with Medical Education (C.E.) Programs, so that M.D.'s could learn along with the nurses how to best care for patients and vice-versa. (R.N.)

-I would hope that with C.E. providing better nurses, that we would then have a better informed health system; i.e. - public. As we become more "comfortably" intelligent in medicine and the health field, we then can be more comfortable in transferring this knowledge to others. (R.N.)

-General consciousness-raising activities should be carried out to explain that self-education is vital to the nursing profession if it is to stay alive. This should be aimed at the management level of practitioners to increase their understanding of the need for time off work for continuing education purposes. Even more importantly, these efforts should be aimed at the practitioner who sees no need for continuing education. (R.N.)

-I hope the ISPCEN program will stimulate nurses to continue to define what is nursing. Help establish nursing as a group of professionals who value continuing education and accept responsibility for our learning. (R.N.)

-An extension of the well-developed offerings to a larger group of nurses. To increase the development of qualified offerings and making them more accessible to the individual nurse. (R.N.)

ISPCEN REGION XI

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?"

-I feel it is the only way to stay "on top" of the health care problem. The continuing education courses that I have taken have always given me something that I could use in my own hospital to better patient care. For me, personally, it keeps me current. My hospital feels it (C.E.) is important enough to underwrite costs for its personnel to take advantage of pertinent courses. (R.N.)

-By updating nurses' knowledge in own area. Also gives opportunity for nurses to get exposure to other areas of nursing, outside their own specialty, to broaden skills for more total health care and referral. Specific to mental health nursing, many nurses who feel they lack knowledge in basic psychiatric nursing have received training to help them use better mental health principles in their own work settings. (R.N.)

-Improvement in Maternal and Child Health Care - upgrading thru fetal monitoring and newborn nursery care. Emergency Room Nursing - Improved care thru theory, clinical practice, etc. Head Nurse and Supervisor - Management modes acknowledged and better communication and understanding with Hospital Administration (2-way). Many others. (R.N.)

- 1. Patient care has improved due to knowledge gained that has been put into practice.
   a. Patient care plan workshops are being put into practice due to accreditation requirements. This in turn will give better communications to give better patient care.
   b. Specific new ways of nursing is being taught - example, a total hip surgery. (R.N.)

-Knowledge in areas of new treatment such as the neurological workshop - shortly after the neurosurgeon came to practice in Columbus. Orthopedic program give info on advanced techniques in this area - we are having joint replacements, knee, hip and ankle done. Building on prior knowledge with re-emphasis on basic procedures which have important principles behind the technical aspect such as fluids and electrolytes. (R.N.)

ISPCEN REGION XI

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

-Nurse 1: "I attended a seminar on the use of chest tubes at Methodist Hospital. Because of what I learned at that meeting I have been able to give better nursing care and have been able to share the knowledge thus helping others to give better care... 'Never clamp a chest tube' was the vital info I brought back with me."

Nurse 2: "I have taken several of the courses offered at IUPUI and know that they have helped me to give better nursing care...this ought to affect the quality of health care in Indiana...the info I learned during the Coronary Care Class made a big difference in my ability to give that care."

Nurse 3: "I try to get as many courses as I can because I feel there is much I still have to learn and no improvement without C.E." (R.N.)

-Opportunity to have professional contact with colleagues throughout the region, which generates sharing of ideas and stimulates interest in work via support from other nurses. (R.N.)

-Those who have attended programs are generally enthusiastic - but feeling that some long term programs are too drawn out - could be accomplished in more condensed form. Those who have not attended continue to be hesitant about the program. Some are willing to attend only if totally funded by employing agency. (R.N.)

-Impressions are favorable. People brought in to speak have been excellent in their field and presented material relevant to practice in these outlying small towns. Individuals utilized within the area have had exposure to the development and presentation of programs and their expertise is unquestionable. It is believed the health care can not be but improved and if program attendance continues to increase additional benefits will be derived by patients. (R.N.)

ISPCEN REGION XIII

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?

-Intensive Care and Coronary Care nurses are able to function well. I have heard a nurse reassuring a family by telling them the nurses had attended workshops and knew how to give care needed.

-I believe it has helped nurses to become more aware of newer and more "up-to-date" methods of nursing care. These ideas presented in continuing education stimulate interest and stimulates talking together on these various topics. The patient definitely benefits. (L.P.N.)

-The I.U. Infant Care Program attended by R.N. has increased the quality of nursing care in our intermediate care nursery by more comprehensive patient assessments, thereby earlier treatment and better nursing care.

The ABC's of Planning and Implementing Staff Development and C.E. was attended by 2 R.N.'s and was responsible for organizing a Staff Development program from scratch - it also was responsible for organizing learning experiences to be educational sound and evaluated.

ISPCEN #13 Program have helped 1) orient, 2) organized, 3) provide community involvement and discharge planning in our agency.

Physiology presented in Region #13 helped 8 school nurses feel more current and able to assess better in job - (they said). (R.N.)

-ISPCEN is beginning to affect the quality of health care in all areas. I think continuing education is requiring more accountability and awareness of professionals who participate in providing health care. (R.N.)

-It appears that the ISPCEN continuing education in nursing program has made nurses accutely aware of the possibility of mandatory continuing education and stimulated them to get into action to update their knowledge and skills, which hopefully will improve the quality of health care in Indiana. I know for a fact, that in our classes there has been a great deal of sharing of ideas and sharing of institutional policies and procedures which should be influential. (R.N.)

ISPCEN REGION XI

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-I would hope that we would be able to get through C.E. the material that is most needed and desired by the nursing personnel and others who are directly involved in patient care....surveys of topic material at local levels is important if we are to meet this need....thus statewide planning should know what local level reflects. (R.N.)

-More in-depth workshops to expand nurses' skill and to prepare nurses to function in more primary care roles. Attention to providing more advanced level workshops in mental health concepts for nurses with work experience in Community Mental Health Centers. There are adequate members of basic topics covered, but none related to growth needs of nurses working in mental health - e.g. group leader training, or psychiatric nursing assessment. (R.N.)

-Continue essentially in same manner - so that those who are not participating will become interested. Continue with the Calendar - very helpful. (R.N.)

-Encourage more nursing home employees to attend programs to improve nursing care in those facilities. More technical workshops. (R.N.)

-Give new hope to practicing clinicians. Offer alternatives to health care systems to cost evaluation. Improve communications between consumers and health team. Promote "rights" of nurses to speak out on behalf of patient and their self. Not bind nursing into a review system which will result in nurses leaving the profession and retiring. (R.N.)

ISPCEN REGION XII

QUESTION #1 - "In what ways, in your opinion, has the ISPCEN continuing education in nursing program affected the quality of health care in Indiana?"

-It has made nurses in our hospital more aware of the need to keep abreast of new changes in nursing care and the need to review our practice. We have especially taken more notice of drugs and their interactions and compatibility with other drugs. (R.N.)

-It has shown nurses that there are new things to be learned - and with new skills quality of care is made better. (R.N.)

ISPCEN REGION XII

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

-They seem to believe that nursing care has improved but many have never attended a CEU course. (R.N.)

-They have learned new things which they can use in practice - thus making for better quality care. (R.N.)

ISPCEN REGION XII

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-I would hope to see more programs offered in local hospitals so that a greater number of nurses who are in actual practice could benefit by the programs. (R.N.)

-More people attend, if you don't learn too much in the class many ideas are passed around in conversation and you learn to do something in a better way many times. Better quality care by better informed personnel. (R.N.)

ISPCEN REGION XIII

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions.

-Unfortunately, several colleagues have a rather negative view of the program. It's often difficult to reach some people. This may not change until Indiana requires it. Sad - but true! (L.P.N.)

-ISPCEN has raised the consciousness of all nurses to their personal responsibility for continuing education. It has helped to better neonatal care and geriatric care in Indiana. Has started out doing well and should continue to keep up the good work. (R.N.)

-In the past I have heard various opinions. Many people are still not aware of what continuing education is or what it could be for the profession. Most people in nursing service administrative positions are promoting continuing education. It is still traumatic for staff level people to accept such accountability and responsibility which is expected of them. (R.N.)

-Of course ISPCEN has been the forerunner of continuing education in Indiana, and although I can't speak for the effect which ISPCEN has had on the quality of health care in Indiana, I can speak for our own continuing education programs. Advisory Committee members for specific courses frequently tell us that their employees have benefited greatly from our courses by increasing their knowledge, efficiency, and overall understanding of their role as a member of the health care team with improved attitudes toward their job. (R.N.)

-In an inservice meeting, 30 R.N.'s, the following comments were made: The workshop on Geriatrics had provided many ideas which had been used with patients. Also those on Death and Dying have greatly influenced the quality of terminal health care. The charting workshops have influenced nurses a great deal. Also Legal Implications.

ISPCEN REGION XIII

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-My hope is for more nurses to get involved and open their minds and hearts to the continuing education program. I still feel the lack of knowledge is the problem. Just how we can reach these, is yet to be determined. (L.P.N.)

-Continue to exist in the same organized and efficient manner as in the past to reinforce faith in the program. (R.N.)

- 1) Provision of up-to-date programs on all changes in health care
  2) Provision of programs in all areas of state since all nurses can't travel to cities
  3) Provision of all levels of personnel to plan programs to make them more aware of the need of "quality" health care. (R.N.)

-If there is to be additional effect on the quality of health care in the future, it is felt that there will have to be more practical application or clinical experience associated with the classroom instruction. (R.N.)

-I would hope that more specific needs could be met. And that institutions and agencies could correlate practice need and continuing education more economically. (R.N.)

ISPCEN REGION UNKNOWN

QUESTION #2 - "If possible, please discuss with your colleagues the effect of the ISPCEN continuing education in nursing program on the quality of health care in Indiana and report their impressions."

-"Indiana needs continuing education". Nurses have a responsibility to keep an update on health care. "Quality has to continue to improve." "Patients-human deserve the best and only continuing education can assure the consumer that each nurse has the opportunity to keep up with changes in the health field." (Quotes from colleagues) (R.N.)

-Lot less programs available for everyone overly concerned with CEU's. What has ISPCEN done? Don't know, hasn't helped me or the patient, too many subjects were on programs unrelated to patient care of small hospitals. Staff nurses and LPN - 4. (R.N.)

-About half of my colleagues are dragging their feet and will probably not be involved in continuing education until it's mandatory. The others who attend programs which they think will help them, are applying new principles where and when they are able to. (R.N.)

-Makes nurse more observing. Better cooperation and appreciation of Lab and Radiology. Continuing education - Good! Stimulate the "ole grey matter". Grateful Montgomery Co. making classes available close to home at reasonable cost. (L.P.N.)

ISPCEN REGION UNKNOWN

QUESTION #3 - "What additional effect on the quality of health care in Indiana would you hope the ISPCEN continuing education in nursing program would have in the future?"

-I would hope that continuing education will prove to some nurses that there is not only one right way of doing things. Also that they feel the responsibility to grow with the changes in the health field. I feel also that continuing education needs to reach nurses who are not necessarily employed but to motivate them to continue to learn and contribute to health care. (R.N.)

-Move programs away from big cities for small hospital. (R.N.)

-Enormous! It's very easy to get in a rut and continue to do things the way they've always been done instead of changing to something which may be better. In order to change we must be aware of what's possible and apply that new possibility to our situation. (R.N.)

-Assure patient of best care - administration - law - insurance working so hard but medical care continue to present their own knowledge and need. Government control discouraging. (L.P.N.)